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ORIGINAL COMMUNICATIONS.

*Idiopathic Gangrene of the Four Extremities, resembling Gangrenous Ergotism.* By BERNARD HENRY, M. D., Surgeon P. E. Hospital, Philadelphia.

The following case came recently under my care while attending the Surgical wards of the P. E. Hospital in this city. I am indebted for the notes to the Resident physician, Dr. Hall, who watched the case with great attention.

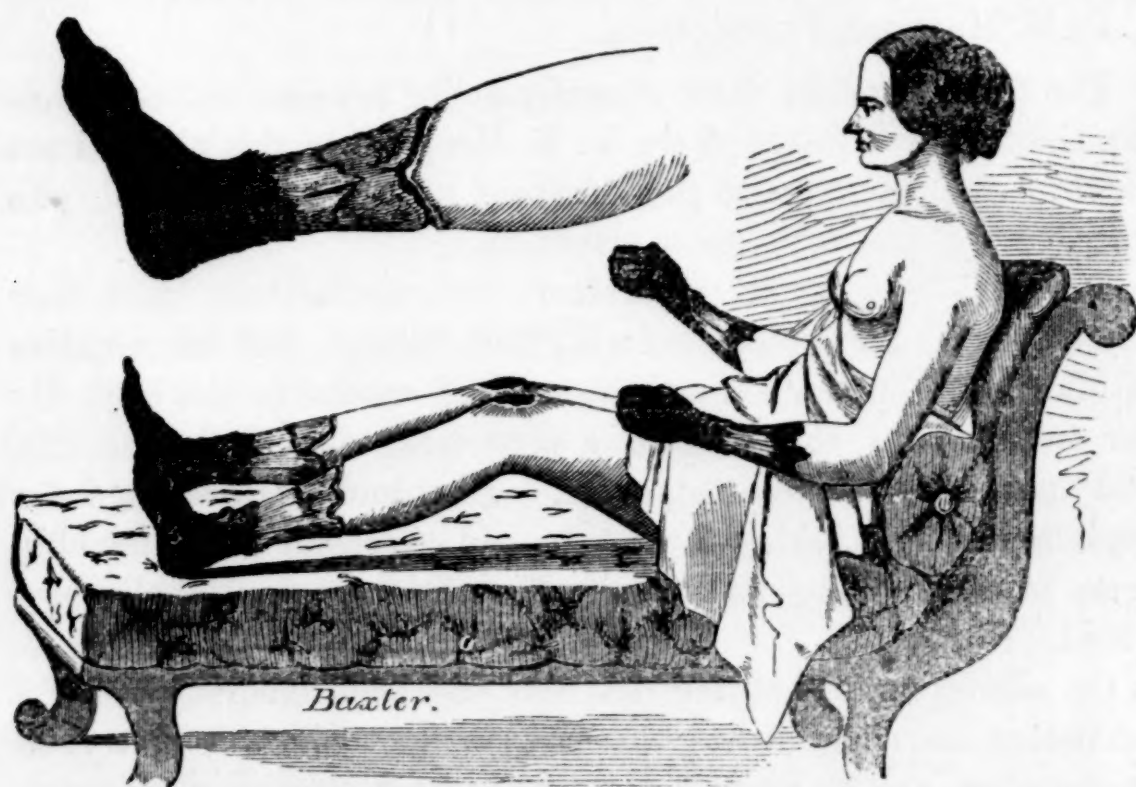
J—— C——, widow, aged forty-two, seamstress, dark hair and eyes, was admitted November 22d, 1855. She was a native of Maryland, but for some time past had resided in this city. By her own account she had led a very irregular, dissipated life, and had been very intemperate. She had been treated for syphilis in the Blockley Hospital; had given birth to nine children, besides having had frequent abortions intentionally produced.

On admission, she stated that she had been laboring under a persistent diarrhoea during the past summer, which did not yield to remedies, and by which her health and constitution were much impaired.

The symptoms of the present disease made their appearance about two weeks previously. November 9th, on returning from the yard, where she had been washing some articles, she felt a stinging sensation in the hands and feet. They were rendered more painful by scratching, and assumed a dusky red color, which became more livid and intense up to the date of her admission into the Hospital.

Dr. West, who had previously seen her, considered that she was laboring under purpura, to which disease her symptoms then bore a strong resemblance.

When she first came under my care, her condition was as follows: the countenance icterode, with an anxious expression, the conjunctivæ yellow, eyelids puffy, the intellect remarkably clear, the hands and forearms, for about a third of their length, of a leaden hue, deepening off to the fingers; these were flexed on the hand, black in color, and dry and shrivelled in appearance. The feet and lower third of the legs were in a similar state. The tip of the nose and the skin over both patellæ were of a dusky color, as though brushed over with bronze paint. The tongue was not much coated, but was marked with two longitudinal reddish-brown stains. The pulse was 80, quick and small.



The affected extremities were icy cold to the touch, and sensibility was so destroyed that the prick of a pin inserted in them was not felt. Sensibility above the line of discoloration was acute.

Movement gave much pain; the weight and warmth of the bed clothes could not be borne; the cold air was more agreeable. The cartilages of the ears showed a commencing similar condi-

tion. The bowels at this time were constipated, and the urinary secretion small in quantity.

She was ordered milk punch, opium and nutritious diet. Dr. West had previously prescribed a draught containing a drop of creasote, every four hours. The legs were enveloped in cotton wadding; this was afterwards removed at her own request.

November 24th. The discoloration of the extremities has extended up an inch higher, no line of demarcation is perceptible, the livid hue shading off into the normal color. The pulse remains small, and the urine scanty. *Ol. terebinth. gtts. x.* every 4th hour were added to the treatment.

November 26th. Vesications, filled with a dark red serous fluid, made their appearance at the edges of the discolored parts. A specimen of urine was obtained passed before breakfast. It was high colored, of a reddish tinge, *sp. grav. 1010*, reaction alkaline, and exhibits mucus and purpurine.

The case progressed without much alteration in the general symptoms. The lines of demarcation between the sound and affected parts by degrees became more distinct. There was a copious discharge of serous fluid from the vesications. Morphia was given at night to procure sleep, and laxatives to regulate the bowels.

November 30th. Ordered *sulph. quin. gr. j*; *tinct. cinchon. 3ij.* every two hours; milk punch, opium, &c. to be continued.

December 3d. The parts are now quite black and dry. The lines of demarcation are distinct, and a slight odor is for the first time perceptible; she sleeps well, and expresses herself as feeling better generally.

*Sp. grav. of urine 1010* with an acid reaction. Directed light warm water dressings.

Temperature of different portions of the body to be observed by a thermometer.

December 7th. Pulse in right carotid and brachial artery 92, small and soft. Tongue reddish brown and dry. Temperature under the tongue  $102^{\circ}$  Fah., in right axilla  $96^{\circ}$ , in left axilla  $100^{\circ}$ , right foot and leg  $62^{\circ}$ , left do.  $61^{\circ}$ . Temperature of ward,  $62^{\circ}$ .

During the following 5 or 6 days her condition underwent very little change. The suppuration increased with a most offen-



sive, peculiar odor, unlike that of ordinary gangrene. The limbs were dressed with solution of chloride of soda. It was necessary to increase the doses of the opiates to produce sleep; the urine was secreted in very small quantities, insufficient for examination, and she was ordered to take acetate of potassa, the creasote to be discontinued.

Dec. 11th. Her symptoms more unfavorable, appetite bad; urine still deficient; pulse 80, small. Directed as a diuretic, potass. bitart. grs. iij., potass. iodid., grs. ij., to be substituted for the acetate of potassa. Beef tea to be added to the diet.

Dec. 12th. Complains of burning pain in her stomach; great desire for cold drinks. Vomiting. Tongue dry and brown, passed very little urine, pulse 100°, small. The process of separation more advanced upon the arms than upon the legs, it having extended nearly down to the bone. Upper part of left leg somewhat swollen and infiltrated; changing and removing the dressings causes great pain. From this date to the 15th, no change.

The spirits terebinth. discontinued, owing to the irritability of the stomach.

Dec. 20th. Rather better. Urine still scanty, tongue moist. Takes 2 grs. sulphate morphia at night,  $\frac{1}{4}$  gr. every three hours during the day. Complains much of gagging and disposition to vomit, caused apparently by fœtor. Her appetite continues very bad, with great irritability of the stomach. The line of separation on the arms is complete. The gangrenous portions are dark, dry, shrivelled, resembling an Egyptian mummy, united only by bone and tendon to the sound parts, which show a disposition to granulate.

Dec. 26th. As she appeared rather better than usual to-day, the tongue moist, pulse soft, bowels naturally opened, and urine more abundant, the right hand was removed by sawing through the exposed bones. The granulations were dissected up, to make as fair a stump as possible under the circumstances. No vessels were taken up, but the cut extremities of the bone bled freely. She experienced very little pain, and no inconvenience from the operation. I wished to remove the left hand also, but postponed it at her own request. Directed comp. spts. of lavender, with syrup of ginger and mineral water, to allay thirst and vomiting, with an opiate injection at bed time.



Dec. 28th. Removed the left arm. No disturbance to the patient, the bone, as in the first instance, perfectly sound, and bled freely. Arrested hemorrhage by cold water. No vessels secured.

Dec. 30th. The patient seemed better this morning, having slept soundly for a couple of hours. Tongue pale and clean, pulse small and soft; temperature under the tongue  $100^{\circ}$ ; appetite bad, disposition to vomit.

Very little change took place during the following week; the stumps showed a disposition to heal well, and the line of separation between the sound and gangrenous parts of the lower extremities was so marked as to justify their removal by amputation, did her strength permit.

Her appetite, however, continued bad, she rejected nearly all food, and sleep was procured only by means of large doses of opium.

Tonic and stimulants were administered whenever they could be retained.

On referring to the notes, I find, January 13th, that for the last two days she has been sinking; her mind, which up to the present, has been remarkably clear, begins to fail, she has become irritable and her sensibilities appear blunted. She partially recognized those around her, but could not speak.

Jan. 14th. She remained in a comatose state during the day, and died at  $5\frac{1}{2}$  in the evening.

On the first of January, she passed from my care into that of Dr. Wm. Hunt, who took charge of the surgical ward.

*Autopsy thirty hours after Death.*

Present, Doctors West, Hunt, Kenderdine, Hall and Henry.

Emaciation not very great. On opening the thorax and abdomen the viscera were found remarkably dry, scarcely any moisture; very little blood in cutting across the large arterial trunks. The whole venous system appeared engorged with black, thick blood. The lungs were perfectly healthy. Adhesions of the right pleuræ. On opening the pericardium, no fluid was found. The heart was rather small, the coronary veins engorged, as was the whole venous system. The tissue, also, of this organ was more soft than natural, with a tendency to fatty degeneration,

and slight fatty deposits in the valves. The pulmonary artery and valves were natural in their structure, but contained a venous clot. The auriculo-ventricular opening was contracted, so as with difficulty to admit the finger. The valves of the aorta were normal; a coagulum was found in the descending aorta. The brachial and femoral arteries were dissected up and examined; they presented no unnatural appearance, but were found adherent to the bone, and closed at the line of demarcation.

On opening the abdomen, the liver presented itself fatty and very much enlarged. There appeared to be commencing cirrhosis; there was resistance to the knife on cutting through the lobuli of that viscus.

The other organs presented nothing remarkable.

The case above recorded presents many points of interest; it resembles very closely that variety of ergotism accompanied with gangrene of the extremities which has at various times appeared as an epidemic in Europe, principally in Switzerland and in the southern part of France adjoining that country. Very rarely has a single case occurred, it having nearly always made its appearance in the different members of a family, or in the inhabitants of a village or district of country about the same time. Its origin has been traceable to the use of diseased grain; the harvests have been stinted and the land poor, cold, and subject to inundations where it has made its appearance, or the preceding season very wet. In the patient under our care the circumstances were very different. According to her own account she had always had abundant and excellent food. In this country the harvest of the past year was remarkably good, food is plentiful in our cities, generally of good quality, and within the reach of the poorest classes.

In the July number of the British and Foreign Medico-Chirurgical Review, there is a case reported by Doctor Thos. Camps, which presents a striking resemblance to the one under consideration. The disease appeared chiefly in the lower extremities, which, as he describes, "became black and so shrivelled as to give the idea of nothing intervening between the skin and the bones beneath it." There was the same remarkable aversion to warm covering over the part; the fingers, the nose and ears were similarly affected. When separation of the gangrenous por-



tions of the limbs commenced, "the fœtor was horribly offensive and peculiar, the soft parts separated to such an extent as to leave a large portion of the bone exposed."

The left leg was removed at this point, close to the granulating surface, and "it was found needful to apply lint to the bone which bled freely." Dr. Camps, quoting from Tissot, states that amputation in the ordinary method has proved fatal in the gangrene of ergotism; but in the epidemic of this disease, which prevailed during the past year in France, in the departments watered by the Loire and Rhone, and which has been noticed in several of the Journals in Europe and of this country, recovery has been known to take place, when performed at the place of election.

In the case under my care, I dissected the granulating surface, and a portion of healthy periosteum, in order to avoid necrosis by exposure, leaving to subsequent circumstances to determine whether to perform amputation in the usual manner. Her recovery, however, was at no time anticipated. Dr. Camps' case got well with the loss of the two lower extremities. This one at one time showed symptoms of amendment, and appeared to resist the ravages of the disease. The nose healed, the sloughs over the patellæ came away, leaving sound healthy surfaces covered with granulations, though rather pale; and the constitutional irritation was comparatively slight. I have been unable to find the record of such extensive and simultaneous gangrene. In nearly all the instances related, but two of the members have been involved, and I am inclined to consider this case as unique.

What was the cause of this condition? The history of the patient shows that she had led a dissolute life, which had undoubtedly impaired the constitution.

Rokitansky says that gangrene arises either from a diseased crasis of the blood, or from a diseased state of the vessels. I am inclined to refer it in this instance to the former cause; though Mr. Barrier, in his account of the epidemic above quoted, states that inspection demonstrated, in nearly all the cases, the existence of primary or secondary arteritis. The autopsy did not reveal to us this fact. The vessels appeared to be sound up to the line of demarcation, where their calibre abruptly closed and they became adherent to the bone and tendons.



The venous congestion, which was remarkable and conspicuous to all present, is similar to what takes place in poisoning. The blood unfitted for nutrition is refused admittance into the capillaries and engorges the venous system. The jaundiced hue of the surface and the petechiæ, indicated the depraved condition of the constituents of that fluid, and the breaking down of the blood corpuscles. The case when first seen by Dr. West, had all the appearance of purpura.

She had eaten rye bread shortly before her attack, but the amount was small; there was no evidence of its being of bad quality, and no other individuals of the family in which she resided, or living in her neighborhood, were similarly affected.

Though she had had frequent miscarriages, it did not appear that ergot had been administered. Abortion, by her own statement, had been produced by Hooper's pills. Had ergot ever been used for such purposes, its effects would have been local, and action transitory. Though so closely resembling the *gangrenous ergotism*, we do not feel justified in classing it in that category; it must, I think, be regarded a case of extensive idiopathic gangrene, occurring in an individual whose constitution was depraved and nutrition impaired by dissipation and debauchery.

The persistence of life under the circumstances of such extensive disease, may be accounted for by the general healthy condition of the principal organs as revealed by dissection. The machinery of life remained comparatively perfect; the nutritive material was diseased. In this view the case bears a resemblance to the form of leprosy, of which I have seen many cases in the Hospital of St. Lazarus, near Bahia. The miserable victims of this disease present the same dried gangrenous condition of the limbs and extremities, with still less evidences of vitality: for the members slough off and separate at the joints without the slightest appearance of granulation or cicatrization, or of any effort on the part of nature to limit the disease.

Unhealthy food, a diet of fish, particularly of the whale, which at certain seasons is caught in the Bay of St. Salvador, and the flesh of which is used for food, is, by the physicians of that country, supposed to give rise to the form of "dry gangrenous leprosy."

Our patient presented a remarkable absence of one of the

features accompanying ergotism, as reported by nearly all writers. Her intellect remained clear and unimpaired up to a short period prior to her death: in fact she was particularly intelligent, neither were there observed the spasmodic or convulsive twitchings recorded of that disease.

*Philadelphia, February 19th, 1856.*

*Bloody Tumor of the Vagina occurring during labor.*

By J. K. MASON, M. D.

I have been induced to publish the following case, under the conviction that it is of very rare occurrence; not one of my professional brethren with whom I have conversed on the subject have ever seen one precisely similar, and in looking over various standard works on the subject of midwifery, I do not find any allusion to such an accident, nor in searching through the various journals to which I have access, have I seen such a case reported.

I report the case as it occurred, with its management, in the hope that it may prove practically useful to some who may hereafter be compelled to act under similar circumstances.

Was called to attend Mrs. W., æt. 34, in her first accouchement, a spare woman of a leucophlegmatic temperament and great laxity of muscular fibre. On examination I found the os uteri open to the extent of half a dollar, the bag of water presenting well, the child's head above the superior strait; as the pains were but feeble, the patient chilly, and the pulse perfectly unaffected, I felt certain that actual labor would not commence for some time, and took my leave, in order to attend to other duties, promising to return as soon as possible. In about two hours I again saw her; on examining, found the os uteri well opened, the waters evacuated, and the child's head nearly through the superior strait, presenting in the fourth position of Baudelocque, that is, with the occiput looking towards the right sacro-iliac synchondrosis, and the anterior fontanelle to the left acetabulum; the pains were not very active, but still the woman made loud complaints, and from temperament I imagine, seemed to suffer more than such feeble uterine contractions warranted.

She was ordered warm drinks and a stimulating injection, which opened her bowels; after this the labor became more active, and I began to hope that the affair would soon terminate without



trouble, for the perineum and vaginal walls were more than commonly relaxed, too much so indeed, and therefore, though an occipito-posterior position, I assured myself that the occiput, the head being well flexed upon the breast, would clear the fourchette without much difficulty.

After the delay of an hour, during which time the uterine contractions were sufficiently active, I again touched, but was disappointed to find that the labor had not in the slightest degree advanced; the head was in the same position it had occupied two hours before, and keeping my hand in contact with it during a pain, I found that the uterine contractions produced no effect upon it. This state of things having continued for some time, I determined to apply the forceps and deliver without delay; this was done with great care and gentleness, but notwithstanding every precaution, the perineum was ruptured, giving way like a piece of wet paper. The child was alive and unhurt, but on making an after examination I found another child's head presenting in the first position at the superior strait. With so favorable a position, and the external organs so thoroughly dilated, I anticipated no further trouble, and made up my mind to wait. After some time, the pains being active, I passed my hand gently into the vagina and discovered that the head was in the superior strait, but could not descend in consequence of a large tumor, which extended from the left external labium up to the presenting part, and apparently filled the whole vagina. It was evident that some vessel deeply seated, perhaps a varicose vein, (though none were apparent externally,) had given way, and was pouring out its contents between the tissues of the part.

The question for consideration now was, whether to open the tumor or to apply the forceps and attempt delivery, but I felt that previous to any further operation, it would be just to my patient to give her the benefit of a consultation. Dr. John Neill, with great promptitude and kindness, gave me his assistance, and after mature deliberation it was decided to have recourse to the forceps in preference to evacuating the tumor by means of the knife, for we considered if an incision were made before the head could descend by the natural efforts, a great deal of blood might be lost, whereas, by forced delivery, though the tumor would probably be ruptured, the head by its immediate



pressure would arrest any further disposition to internal hemorrhage; the result I think incontestibly proves that the decision was a good one.

The patient being placed on her back, with the nates drawn to the edge of the bed, and well steadied by Dr. Neill, (who, as a precaution, kept his hand between the sphincter ani and the child's head,) I applied the forceps. Upon making firm traction the tumor burst, and its contents were spurted over us; after this the child was brought into the world with very trifling effort. Dr. Neill removed some clots from the cavity of the tumor, but all hemorrhage had entirely ceased. A compress was applied in the vagina, and after being placed carefully in bed, an opiate was administered, under the influence of which the patient slept comfortably.

The accident which most we feared in this case was sloughing of the walls of the vagina, but I am happy to say that no such consequence occurred. The lochiæ were profuse and of bad odor for some little time, but they soon became natural both in quantity and quality, and the wound in the perineum, though extending down to the sphincter ani, by no other treatment than perfect rest, with the limbs kept well together, and the application of poultices, healed perfectly; great tenderness of the parts was of course complained of for some time, but the patient made a perfect recovery, had abundance of milk, and both the children were healthy and vigorous.

I am perfectly aware that many of the profession, particularly those whose practical experience has not been extensive, will say: Doctor, how was it that this perineum was torn? surely there must have been some carelessness or mismanagement in this case. I can only say that it was not so, and can only account for the accident by the fact which I before stated, viz., that the tonicity of the muscular fibre was so poor that the parts gave way almost without an effort. In the same way I am inclined to account for the rupture of the coats of the internal vessel, which caused the bloody tumor, for the force applied was exceedingly trifling, and the vagina and external parts so perfectly relaxed that the perineum did not make the slightest resistance. Indeed I am disposed to think that such are the cases in which rupture of the perineum generally takes place, for I

have never seen the misfortune occur to strong muscular women of powerful fibre where the parts were greatly distended and the resistance appeared to be tremendous. Be it as it may, I have described the case as it occurred, and can only say to those who think that a perineum should never be torn, wait and see.

The celebrated Dr. Simpson, of Edinburgh, whose talents no man denies, and whose experience has been most enviably extensive, makes the following remarks on this very subject.

"These lesions are not, as has been alleged, necessarily the result of mismanagement; but they occur constantly in practice, despite every modification of management, and in cases also in which no kind of management has been adopted.

"The proper management and support of the perineum no doubt modifies and diminishes this form of perineal lesion, but it fails far more frequently than is generally believed in entirely preventing it."

Stitches in the torn perineum would in this case have been worse than useless, as they would only have inflicted unnecessary pain and given additional uneasiness, it being evident, I think, that the profuse discharges must have rendered union by the first intention impossible.

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*Excision of the Cervix Uteri for Corroding Ulcer.—Recovery.*

By LAURENCE TURNBULL, M. D., Philadelphia.

Martha H., aged twenty-five years, unmarried, has never enjoyed good health, and has always been irregular at her menstrual periods. She had a severe attack of dysentery in 1852, and upon recovery suffered with constant pain in the lower part of the abdomen and region of the uterus, with a sensation of weight and leucorrhœal discharge. She placed herself under the care of a physician who treated her for prolapsus uteri, by means of rest, injections, &c., and an abdominal supporter. She remained under his charge for one month without benefit, the supporter increasing her pain so much that she was unable to wear it. Obtaining no relief, she applied to a second physician, who examined her by touch, and ordered strong injections of nitrate of silver, with some internal remedies, which she employed, but with no amelioration of the pain from which she suffered.

In May, 1853, she came under my care; at that time her



menses were slight, and irregular, with occasional vicarious discharges of blood from the stomach; her pain was chiefly in the region of the womb, passing down the limbs; skin pale and anemic, appetite poor, and bowels constipated. I prescribed iron as a tonic, with a gentle aperient, and narcotics to relieve the pain, but made no examination, she not being willing. She continued the use of these medicines for several months, her general health becoming somewhat improved, but still her pain continued.

Towards the end of 1853 she suffered so much, and was so harassed by it, that she reluctantly consented to a more careful examination by the touch and speculum, which brought to view a gray colored ulcer penetrating the neck of the os uteri, and causing it to turn towards the rectum, the neck being also increased in volume.

The treatment pursued was rest, cupping over the sacrum, leeches to the lower part of the abdomen with an occasional blister, dressed with mercurial ointment, and the internal use of small doses of calomel, with solid nitrate of silver applied to the ulcer; mucilaginous baths and anodyne injections were also used.

By these means she was made much more comfortable, but the ulcer would not heal; still she was able to engage in her usual occupation.

In January, 1855, I was again called to visit her in haste, on account of an excessive hemorrhage which had taken place from her stomach. This discharge was of more frequent occurrence, also, than before, her menstrual discharge having almost entirely ceased. Fearing the loss of so much blood I prescribed small doses of acetate of lead and opium, which seemed to moderate the flow of blood and diminish her pain.

I now gave her small doses of bichloride of mercury until it produced salivation, and touched the ulcer with the proto-nitrate of mercury, which, however, produced no permanent benefit. After the effects of the mercury had passed away, I placed her upon the internal use of large doses of extract of conium in combination with the iodide of potassium, and changed the local application to the ulcer, but with little advantage to my patient, as she was relieved only for the time, the pain returning with such



violence all down her limbs and side as to render her unable to walk, so that she was obliged to give up her work.

She now desired to know if it were not possible to do something more for her, for she remarked, "she was not able to bear the pain which she suffered." I told her the only means left was the removal of the neck of the womb by the knife; she said she was perfectly willing.

Having friends and relations, I gave her time for consideration and consultation, and fully explained the uncertain results and difficulties of the operation; she still urged that her life was a burthen to her, and she was willing to run the risk of the operation for the chance of a cure.

On May 21, 1855, I proceeded to operate in the following manner, assisted by my friend Dr. Hewson Bache. Placing the patient on the edge of a bed resting on her knees in the position recommended by Dr. Sims for vesico-vaginal fistula, ether was administered to her, and a metal speculum was placed in the rectal portion of the vagina with one on each side, so as to expose fully the neck of the womb.

Having cleansed the parts by means of a pallet of cotton, the double pincers of Museux were carried close up to the os tincae, which I seized from before backwards as high as possible; I then commenced a slow and sustained traction until the os was brought to the exterior orifice; (being under the influence of the ether, this gave her little pain); then with the curved knife of Jobert cutting on its concave edge, and holding the pincers with my left hand, I cut through the healthy tissue slowly from left to right, until all the ulcerated and enlarged portions were removed, making a concave even cut of the neck of the womb.

The hemorrhage was very abundant, and poured out of the vagina in a stream for some time; this was checked by plugging the vagina with pieces of old muslin, which were secured by a T bandage. She was then placed upon her side and directed to take one grain of opium every two hours, with iced gum water as drink.

In the afternoon she suffered from severe nervous spasms, which were relieved by the use of sulphuric ether and opium.

May 22.—Was called at four o'clock, A. M., to relieve the bladder and remove the tampon; had taken twelve grains of

opium through the night, was restless and still suffered pain. Skin dry, pulse 84, syringed the parts with flaxseed tea, and directed opium to be continued with oat meal gruel as diet.

May 23.—Pain less, slept without the opium, pulse 83, tongue furred. Ordered pil hydr. gr. iij., pulv. opii. gr. j.  $\mathfrak{m}$  ft. pilula No. 1. To be taken at night, and followed by ol. ricini in the morning. She continued to suffer a good deal of pain, and required daily attendance until July, when she had a severe attack of convulsions which lasted nearly twelve hours. Towards the end of July she was able to be removed to the country, where she gradually improved, and returned in August looking and feeling well, with a good color and appetite, and quite able to resume her usual occupation in a cotton mill.

The womb looked healthy, the parts had healed, and menstruation had returned, with no hemorrhage from the stomach.

In the above case every means were employed to relieve previous to the operation and all had failed.

She had taken in large doses, opium, morphia, ether, chloroform, and many of the antispasmodics; mercury, arsenic and iodine had also been administered internally, so as to produce their specific effects, but without benefit; various local applications had been tried in vain, such as the salts of lime, lead, silver, copper, solution of soot, nitric acid and nitrate of mercury, and the actual cautery when every other application failed in relieving her.

The pain was that of cancer, being "gnawing" and so intense that she was perfectly willing to take any thing or do any thing to be relieved, and therefore I considered myself perfectly justified in trying the effect of an operation before the whole system became involved.

January 25, 1856.—Martha called to see me; she still suffers some pain at certain periods, but has gained several pounds in weight, and is able to live with much more comfort than before the operation.

In the microscopic examination of the specimen removed by Dr. Da Costa of this city, nothing was found but the normal cells hypertrophied, and fibro-plastic cells.

*February, 1856.*



*Nitrate of Silver as a Remedy for Burns.*

DR. HOLLINGSWORTH :

*Dear Sir,*—I wish to call the attention of the readers of the Examiner to the value of the nitrate of silver as an application to burns and scalds. I have used it frequently both in deep and superficial burns, and I have been equally surprised and gratified by the results. The advantages of the caustic application are numerous. It furnishes a complete protection to the inflamed surface, subdues the pain, arrests the serous discharge, changes the character of the inflammation, promotes a speedy cure, and, if I am not mistaken, prevents the formation of those ugly cicatrices and the irregular contractions of the skin which so often occur in the healing of burns.

The mode of application is simple. In superficial burns a strong solution—20 to 40 grains of the nitrate to the ounce of water—should be applied over the whole surface with a camel's hair pencil, vesications should be opened and the surface carefully wiped dry before the solution is applied. If the burn is deep and the discharge of serum abundant, the entire surface of the ulcer should be touched lightly with the solid stick.

Very respectfully, JOHN WILTBank, M. D.  
*Philadelphia, February 7th, 1856.*

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*A Case of Femoral Hernia, incarcerated fourteen days.*

Operated upon by Dr. McCLELLAN.

[Reported by S. NELSON BURGESS, Resident Surgeon St. Joseph's Hospital.]

Margaret Mertz, æt. 45, housekeeper, a German by birth, was brought into the Hospital, on the 2d of January, 1856, complaining of extreme debility, great irritability of stomach, and a small lump in the groin. On examination, I found a tumor of the size of a small walnut in the femoral region. She stated that it had made its appearance ten days before, and since that time, she had not had a passage from her bowels; there was no pain or even tenderness, either in the immediate neighborhood of the tumor, or in any part of the abdomen, which was much swollen and tympanitic.

The tumor was quite hard, firm and rounded, feeling more like an enlarged gland than any thing else. I attempted to reduce it, but failed, causing no pain; in fact, it could be manipulated



with any amount of force, without the slightest complaint from her. She was extremely pale and anæmic, tongue furred, with cold, clammy perspiration. Enemas of turpentine and ol. ricini were repeatedly given, but brought away no feculent matter. I then administered minute doses of calomel, and ol. ricini,  $\text{ʒj.}$ , which were vomited half an hour after taken. On the 4th, she was seized with stercoraceous vomiting, and continued to vomit for two days, at intervals, in large quantities. She now became rapidly weaker, and on the 6th, Dr. McClellan, the attending surgeon, was sent for, and after a careful examination, operated upon her. There was nothing worthy of note about the operation, except the close adhesions between the sac and the intestine, caused by numerous bands extending between the two, rendering them almost like one substance, which required careful dissection; the orifice of the crural ring was but slightly constricted, but the intestine was closely attached by bands of lymph. The intestine, which was congested and dark colored, was returned without difficulty. Ten minutes after the operation, she had a copious evacuation of dark foetid matter, and expressed herself infinitely better. For several subsequent days, constant and large passages weakened her considerably, but she soon recovered when they were checked, and was discharged in three weeks from the time of the operation, perfectly well.

The peculiarities of the case, were the extreme length of time, 14 days, during which the intestine was incarcerated, so that no passage occurred from the bowels, and the entire absence of tenderness or pain, or any symptoms of inflammation in the hernial tumor, or abdomen; these conditions with the hard, rounded feeling of the tumor, were calculated in a great degree, to perplex the diagnosis. It may have been that a portion of the circumference of the intestine was confined within the ring, so as to paralyze the action of the bowels, without being sufficiently constricted to cause active inflammation.

The case presented an intermediate condition between the active acute symptoms of a real strangulated hernia, and the more passive one of the condition denominated incarcerated. The patient exhibited no symptoms that made us fear her death, but increasing debility, but, in all probability, she would not have lived 24 hours, without the relief afforded by an operation.

*Results of some Statistical and Physiological Researches on Twins.*

At a meeting of the French Academy of Sciences, Nov. 26, Mr. Baillarger read a paper containing the results of some statistical and physiological researches on twins. We have thought the subject presents some features which might interest the readers of the Examiner.

“Numerical distribution and relative proportion of the sexes in twin births; hereditary influence.

“I. The facts group themselves into three categories:—

“The first, two boys at a birth.

“The second, two girls at a birth.

“The third, a boy and a girl.

“The result obtained in computing 256 double births shows:—

Two boys in	. . . . .	100 cases.
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Two girls in	. . . . .	58 “
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One boy and one girl in	. . . . .	98 “
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“It would seem as if the presence of two boys in twin pregnancies is almost twice as frequent as that of two girls. And also that the third class, that of the presence of the two sexes, is almost equal to the first.

“II. The solution of the second question, viz: the relative proportion follows from the above figures.

In 512 twin children are found: Girls, 214; Boys, 298.

“The number of boys exceeds that of girls, therefore, by more than one third. This result will certainly seem remarkable if we bear in mind that the proportion of the sexes in the totality of ordinary births, is of 16 girls for 17 boys. So that the difference is in the one case more than a third, and in the other, only a sixteenth. The relative proportion of the two sexes is governed then in twin pregnancies by special laws, quite distinct from those which govern normal births. This fact, interesting in itself, becomes still more so when compared with the documents already collected by M. Flourens on the proportion of the sexes in animals, in which the predominance of males over females is one sixth instead of one sixteenth. I would connect the great predominance of the male sex in twin births with another fact,



which is deduced from the general statistics of births, and which at first sight may seem strange. I refer to the far greater proportion of boys among still-born children. This amounts to 17 boys to 12 girls. This singular predominance of boys among still-born children can, in my opinion, be in part if not fully accounted for by the excess of the male sex in twin births, which furnish, as is well known, a pretty considerable contingent to the statistics of still-born children.

“III. Twin births are hereditary in certain families, but in different degrees and different conditions. A large number of facts show, that the daughters of mothers who have had twin pregnancies, have often themselves two children at a birth. This disposition occasionally passes over one generation, when the grand-daughter instead of the daughter has one or several double pregnancies.

“The facts which I have collected would seem to prove that this hereditary disposition is transmitted also through the male. Some men would thus have the faculty of procreating two children at once, although no such hereditary disposition existed in their wives. This fact would have a great physiological importance, and I admit that it should be based on indisputable proofs. I merely indicate it now, and will return to it in a future paper.

“Before closing, it may not be improper to call attention to the fact, that the hereditary disposition of which I have been treating, seems to have been taken advantage of to obtain among animals, species which procreate two young instead of one. Flocks of sheep have thus been formed consisting of individuals which normally bear two lambs. Single births among them become the exception instead of the rule. I have seen a flock composed of nearly one hundred head of sheep, of which each ewe annually brings forth two lambs.”

Robert Collins, in his *Practical Treatise on Midwifery*, gives the result of 16,654 births, occurring in the Dublin Lying-in Hospital, during a period of seven years, from 1826 to 1833. Among these, as appears in a table, pages 164 and following, (Am. Ed.,) there were 240 twin births, in which the sex of the children is mentioned. By a computation of this table, we arrive at results relative to the numerical distribution and proportion of the sexes, materially different from those which Mr.

Baillarger's facts would lead us to expect. Thus in 480 twin children there were : Girls, 234 ; Boys, 246 ; distributed in the following manner :—

Two boys in	. . . . .	73 cases.
Two girls in	. . . . .	67 “
One boy and one girl in	. . . . .	100 “

By these figures, the presence of two boys in twin pregnancies is only one-eleventh more frequent than that of two girls, and the presence of the two sexes is more than one-fourth more frequent than that of two boys. The number of boys exceeds that of girls by only one-fifteenth, a result but little larger than that obtained from the totality of ordinary births, viz : one-sixteenth.

On the other hand, if we turn to the statistics of the same Hospital, as reported by Alfred H. McClintock and Samuel L. Hardy, for the three years of their connection with the Institution, from Jan. 1st, 1842, to Jan. 1st, 1845, (Practical Observations on Midwifery, p. 329,) we find that during that period, there were 6,634 births, of which 95 were twin births. In these there were : Girls, 79 ; Boys, 111 ; distributed thus :—

Two boys in	. . . . .	38 cases.
Two girls in	. . . . .	22 “
One boy and one girl in	. . . . .	35 “

Here we are struck with the similarity of the relations existing between the above figures and those which Mr. Baillarger found to exist between the facts collected by him.

The presence of two boys is eight-elevenths more frequent than that of two girls, while in Mr. B.'s cases, it is twenty-one twenty-ninths, or the same thing.

The presence of the two sexes is less than that of two boys, as with Mr. B., though not quite so near being equal.

The number of boys exceeds that of girls more than one-third, as in Mr. B.'s cases, the ratio differing but a unit.



## BIBLIOGRAPHICAL NOTICES.

*The Diseases and Functional Disorders of the Stomach.* By GEORGE BUDD, M. D., F. R. S., Professor of Medicine in King's College, London, &c. 8vo. pp. 252. Philadelphia: 1856. Blanchard & Lea.

*The Diseases and Functional Disorders of the Stomach.* By GEORGE BUDD, M. D., F. R. S., Professor of Medicine in King's College, London, &c. 8vo. pp. 252. New York: S. S. & W. Wood.

In the publication of this excellent work, Dr. Budd has given to the profession a very appropriate and acceptable companion to his former treatise on Diseases of the Liver. A careful examination of its contents has convinced us that it will compare favorably with that treatise, whose merits are already so well known, and add materially to the reputation of its author.

The volume comprises a series of lectures, originally published, from time to time, in some of the British medical journals. The remarks on self-digestion of the stomach after death, and on simple ulcer, were delivered as the Croonian lectures, at the College of Physicians. They are now republished, as the author informs us, with such additions and corrections as his subsequent experience has suggested.

Passing over the introductory comments upon the many difficulties attending the study of gastric diseases, the attention of the reader is at once arrested by the admirable remarks upon post-mortem digestion of the stomach,—a phenomenon interesting alike to the physiologist, the pathologist and the medical jurist. In alluding to the somewhat different results of the observations and experiments of Hunter, Spallanzani and Louis, and the more recent investigations of Mr. Wilkinson King, upon the solvent powers of the gastric juice, Dr. B. says:—

“No one seems to have observed this change [softening and perforation of the stomach] so frequently as Hunter; but the truthfulness of Hunter's mind, and the simplicity and candor of his statements, prevent us from supposing that in this respect he was guilty of any exaggeration. The fact is, that the solvent powers of the gastric juice require a certain temperature, and increase as the temperature rises from the

lowest point at which they act at all, to the temperature of the blood, —the temperature at which they act in the living body. Hunter's observations were probably made during a hot summer, when, by reason of the high temperature, softening or digestion of the stomach after death was unusually frequent. During the past summer, which was a very hot one, my attention was carefully drawn to this subject, and from the middle of May to the middle of August, I carefully examined the stomach in all the bodies that were opened in the King's College Hospital. In several instances the mucous membrane in the great end of the stomach was completely destroyed, and in a very large proportion, it had been clearly acted on, more or less by the gastric juice. I renewed my observations in October, but the change, at least in a striking degree, was then much less frequent." (p. 23.)

The different circumstances under which softening of the stomach occurs, and the inferences to be drawn from them, are detailed in a concise and practical manner:—

"Cruveilhier has distinguished two kinds of softening of the stomach, both occurring principally in its big end, and has called them the *pulpy* softening, and the *gelatinous* softening, from the appearance respectively presented by the softened tissues. The pulpy softening he supposes to occur after death, from the action of the gastric juice; the gelatinous softening during life, from a peculiar morbid process. Rokitansky, distinguishes three varieties of softening in this portion of the stomach, according to the color of the softened tissues; and two of these he supposes to occur during life as the effect of disease.

"An attentive examination of these so-called affected varieties, leaves no doubt in my mind that they are all produced after death, and by the same agent, namely, the gastric juice; and that the differences of transparency and color in the softened tissues, to which so much importance has been attached, result mainly from variations in the quantity of blood in these tissues at the time of death."

Dr. B. considers the following characters as sufficient, in most cases, to distinguish post-mortem digestion of the stomach, even in its slighter degrees, from all the other changes to which that organ is liable.

"1st. A softening of the mucous membrane, usually over a considerable space in the great end of the stomach, and *along the edges of the folds*, extending from this towards the pyloric end; parts which, for reasons I have already assigned, are most exposed to the action of the dissolving agent.

"2d. A blackening of the blood in the tissues so acted upon, giving various shades of brown to the softened tissues when much blood was contained in them at the time of death.

"A third character of the change is, that the softened or digested tissues have an acid reaction; and that they putrify less readily than



other parts, in consequence of the antiseptic properties of the gastric juice."

Gastric softening takes place in simple ulcer of the stomach; in phthisis, as well described by Louis, who, however, appears not to have been aware of its true nature; in inflammatory diseases of the brain; in typhoid and other fevers; in peritonitis and uterine cancer, and in other abdominal diseases which lead to secondary functional disorders of the stomach.

Lecture III is a practical dissertation upon the causes, conditions and effects of congestion of the stomach. The influence of organic visceral disease in producing turgescence of the gastric vessels, by impeding the free passage of blood through the liver or chest, is clearly illustrated. Another and perhaps more interesting cause of this disorder, is to be found in certain abnormal conditions of the blood, which conditions are dependent upon a change in the relative proportions of the healthy constituents of that fluid, or upon the presence of some foreign matters in it, by which its consistence is altered, and its regular and orderly propulsion thus obstructed. Examples of this latter cause we find in yellow fever, Asiatic cholera and other malignant affections.

Dr. Budd next proceeds to treat of Inflammation of the Stomach,—a malady whose importance is as great as our knowledge concerning it is vague and uncertain. As the disease seldom proves fatal, opportunities of examining the inflamed tissues rarely occur. The morbid secretions, too, even when vomited freely, are very unreliable guides in arriving at an exact diagnosis, since they are generally mixed with other secretions, and chemically acted upon by the gastric juice; while if they are passed down into the duodenum, instead of being cast up into the œsophagus, they necessarily suffer a change from intermixture with the bile and pancreatic juice. For these reasons it will be seen that gastritis presents more obstacles to the exact and satisfactory elucidation of its various grades, than most of the phlegmasia. In the volume under consideration, the disease is treated of under the following heads: 1st. Inflammation excited by undigested food, or alcoholic drinks; 2d. Inflammation caused by more powerful mechanical or chemical irritants; 3d. Inflammation resulting from defective nutriment or from the presence of noxious matter in the blood.

In the 6th and 7th Lectures, Perforating and Superficial Ulcers are carefully discussed. Lecture VIII is devoted to the consideration of Cancer of the Stomach.

“The *symptoms* of cancer of the stomach have seldom any characters that are peculiar or especially significant, until the disease has existed a considerable time.

“The first complaint is generally of a dull pain, or a sense of uneasiness at the pit of the stomach, which comes on gradually, without fever or other illness, and is always aggravated by taking food. This pain or uneasiness is attended with impairment of appetite, and with flatulence, heartburn, and other results of disordered digestion.

“As the disease makes progress, the disorder of digestion increases. The patient usually loses all relish for food, is troubled with occasional eructation of a sour fluid, occurring at various hours of the day, and now and then, soon after meals, brings up, in the same manner, small quantities of food. He loses flesh, and in most cases becomes much depressed in spirits. Still he is free from fever; the pulse is no quicker than it should be; the tongue is clean or only slightly furred; and there is no unnatural heat of skin, and no thirst.

“The uneasiness at the epigastrium and the disorder of digestion continue, but the symptoms vary in some degree according to the seat and extent of the disease. When the cancer involves the body of the stomach and the orifices are unobstructed, vomiting, if it occurs at all occurs soon after meals, and what is brought up at a time is moderate in quantity, and consists of the secretions recently swallowed.

“When, as happens much more frequently, the disease is confined to the pyloric end of the stomach, the pyloric orifice usually becomes obstructed or narrowed, or the passage of the food through it is impeded by the restrained action of the muscular fibres. In such cases vomiting is a necessary result, but it takes place later after meals than in the former class of cases, more is brought up at a time, and the matters vomited are very sour.

“Several conditions,—undue retention of the food, a scanty supply of gastric juice, and the presence of unhealthy and decomposing secretions furnished by the cancerous surface,—conspire to promote in the contents of the stomach some unnatural fermentation, which leads to the formation of enormous quantities of acid, and often to an abundant evolution of gas. The acid frets the stomach, and much additional suffering results from its flatulent distension. Occasionally, and especially when a cancerous *ulcer* exists in the stomach, the food unduly detained there undergoes the butyric fermentation or common putrefactive changes, and thus gives rise to fetid eructations and the other symptoms of ‘surfeit,’ which, from their infrequency in other chronic diseases of the stomach, are often important evidence of the existence of cancer. In many cases, perhaps in all those in which the body of the stomach remains sound, the obstruction of the pyloric orifice leads, after a time, to great enlargement of the stomach. When this has taken place, vomiting occurs more rarely



—at the end of each day, of every two or three days, or at still longer intervals—and a great quantity is brought up at once; the matter ejected comprising the accumulated secretions of the stomach, and all the food not capable of absorption in the stomach that had been eaten since the last vomiting.

“When, on the other hand, the disease involves the *cardiac* orifice, the entrance of food into the stomach is impeded. The act of swallowing causes pain, or a sense of uneasiness, at the epigastrium, passing through to the back; and very commonly a small portion of what is swallowed lodges in the lower end of the *œsophagus*, and is immediately or speedily brought up again by an effort of eructation rather than of vomiting. The patient himself is aware that the food does not readily enter the stomach.

“In all cases where much is rejected by vomiting, and but little consequently passes into the duodenum, the bowels become confined; but where the pylorus is not obstructed, the costiveness is interrupted now and then by a transient diarrhœa, produced by the irritating matters which pass from the stomach into the bowel.”

Occasionally with the glairy mucus thrown up, are mixed brown or black flakes, consisting of altered blood; and frequently after ulceration, there is an abundant hemorrhage. Generally, however, by this time, we are able to detect the tumor formed by the cancerous mass, particularly if the pyloric end of the stomach, which is the most common seat of the disease, be involved. Cases are not very uncommon, though, where some of the most characteristic symptoms are wanting. Thus there may be little pain, or the tumor may be small and at the back of the stomach, and the vomiting may be so slight as hardly to attract attention. The absence of this latter symptom is owing to the fact that neither of the orifices are affected, and that the disease involves only a small portion of the hind part of the stomach.

Cancer of the stomach rarely occurs before the age of thirty-five.

The object of the treatment should be to lessen the sufferings of the patient; by regulating his diet and reducing the food to an impalpable pulp, the pain is much lessened.

Where much mucus is secreted, bismuth has proved to be of much benefit. Where there is an excess of acid, relief is obtained by lime water, magnesia, and other mild antacids. If foetid eructations be present, creasote, or finely powdered wood charcoal may often be given with advantage.

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These remedies, with an occasional pill of aloes or colocynth,

to relieve constipation, and the different preparations of opium, conium and belladonna, to mitigate pain and procure sleep, are the principal means in our power for alleviating suffering or prolonging life in this fell disease.

In the next three Lectures, the reader's attention is directed to the Sympathetic Disorders of the Stomach originating from irritation in other parts of the economy ; slow and imperfect digestion produced by deficient secretion of gastric juice ; and fermentation in the contents of the stomach, with development of *sarcinæ*. The causes, varieties, peculiar symptoms and complications of that hydra-headed disease, indigestion, constitute the subject matter of the succeeding three Lectures ; while the remaining two treat of the therapeutic value of the various remedies employed in the treatment of gastric affections.

This brief notice will suffice to give our readers a general idea of the character and contents of the work before us. Our limited space prevents a more extended examination.

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*Report on Insanity and Idiocy in Massachusetts. By the Commission on Lunacy, under resolve of the Legislature of 1854.*

The ratio which the insane and idiotic bear to the entire population has engaged the attention of most civilized nations ; but we question if the most accurate estimate that has hitherto been formed, can claim to be more than very loosely approximative. Certain it is that in the last United States census, little over two-thirds of the insane and idiotic were returned by the marshals ; and in Great Britain the estimates only included paupers, lunatics and those confined in asylums, taking no account of that "considerable class of insane persons of all ranks of life, under the care of guardians and relations ;" while a careful analysis of the returns of the agents of the French government suggest strong doubts as to their accuracy.

Fortunately, the above commission embraced men who fully understood the errors of former inquirers, and had the ability to devise the means and perseverance to accomplish for Massachusetts a most accurate enumeration of the insane and idiotic within her borders. The plan pursued by the Commissioners was as follows : " They considered that there are very few families that



are not within the personal knowledge of some practitioner of medicine, and that therefore the whole commonwealth is, in detail, under the eye of the medical profession; and that they, knowing the domestic condition of the whole people, were of course acquainted with all those whose minds were disordered or defective." Accordingly, the commission addressed a lithograph letter to "every physician in the State, asking each one to give information relative to the person and condition of all the lunatics and idiots within his own knowledge. They asked for the name, sex, color, age, country of birth, whether single, married or widowed, whether lunatic or idiot; present and usual condition; whether mild, manageable, troublesome, excitable, furious or dangerous; whether subject for a hospital or not; length of disease; if periodical, the number of attacks; whether curable or not; whether the remedial influences of any hospital had ever been tried for restoration; where resident, if not in the town of the reporter; and whether State or town paupers, or independent." Similar letters were also sent "to the superintendents of the Lunatic Hospitals in Worcester, Taunton, Somerville and Boston; to the officers of the county receptacles for the insane in Cambridge and Ipswich, and personal inquiry was made of masters of all the houses of correction and jails in the State, and of the proprietors of all private houses or establishments devoted to the care of the insane; asking each to make a similar return of the lunatics and idiots under his care. And, in order to complete this survey, letters were sent to officers of all the hospitals in the Northern and Middle and some of the Southern States, asking them to make returns of all the insane patients belonging to Massachusetts, who were entrusted to their care." Besides these, the commission received assistance from the hands of gentlemen out of the profession, clergymen, overseers of the poor, selectmen in several towns, where aid was wanted. "By this means, the commission have ascertained, that, in 1854, the State of Massachusetts contained 2632 lunatics and 1087 idiots;" whereas, "in 1848, a committee of the Legislature, appointed to 'consider the whole subject connected with insanity within the commonwealth,' ascertained and reported the number of insane in this State to be fifteen hundred and twelve;" while in

1850, the marshals engaged in taking the national census, reported only 1680 lunatics and 791 idiots.

Of the lunatics returned by the present commission, 1522 were paupers, 1110 "were supported by their own property, or by their friends,"—2007 were natives, and 625 were foreigners,—435 were curable, 2018 incurable, 197 not stated. Of the idiots, 670 are supported by friends, 417 are paupers—1043 are natives, 44 foreigners.

The close relationship between insanity and poverty, is forcibly illustrated in this report, showing, as it does, that the pauper class furnishes in proportion to its members 64 times as many cases of insanity as the independent class; while the number of incurables among the former, amounts to eighty-six per cent., whereas, among this latter, only seventy-five per cent. are returned as beyond the hope of recovery.

It is also worthy of notice, though easily accounted for, that foreign lunatics bear a larger ratio to the sane population of their own class, than the native lunatics; thus "the native insane were one in 445 of the total native population, and the foreign insane were one in 368 of the whole number of aliens in the State." The vast majority of the foreign population of Massachusetts is Irish; but as it is undeniable that insanity is not more prevalent in Ireland than in the United States, we must attribute its greater development among them in their adopted country to causes acting subsequent to their expatriation. These causes seem to act very unequally on the two sexes of immigrants, as among the males the ratio which the insane bear to the sane population is one in 435; and among the females it is as high as one in 326. Among the natives the proportion to the population is nearly equal—one in every 444 males, and one in every 443 females.

The curability of insanity, if placed under suitable treatment within the first year of its duration, is stated by the commissioners to be as high as 75 to 90 per cent.; but if a second year is allowed to elapse before restorative measures are resorted to, the cures would be less than one half that proportion. After the fifth year has passed, almost all hope of recovery may be abandoned. There can be no doubt of the advantages of an early resort to treatment, but we question much, if, under the most



favorable circumstances, the ratio of cures in fully developed insanity ever reaches 90 per cent. When the reported "cures" reach so high a figure, we cannot but fear that the temporary recoveries of more than one recurrent case are reported as permanent "cures," maugre the fact that after a few years "yeoman's service" of this kind, the poor patient may sink into hopeless dementia.

As regards the idiots of Massachusetts, we have only space for the "noticeable fact, that a larger proportion of the idiots than of the lunatics are of the independent or self-sustaining classes; 61 per cent. of idiots, and only 42 per cent. of the lunatics, are supported by their friends or their own estates." And the "idiots bear a much larger proportion to the lunatics among the natives than among the foreigners, being in the ratio of fifty-one native and seven foreign idiots for one hundred lunatics in each class respectively."

The commission was composed of Levi Lincoln, Increase Sumner and Edward Jarvis; Messrs. Lincoln and Sumner state, that the report is chiefly the work of their colleague, Doctor Jarvis, a gentleman already eminently known to the profession.

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*The Action of Medicines in the System; or, On the Mode in which Therapeutic Agents Introduced into the Stomach produce their peculiar Effects on the Animal Economy.* By FREDK. WM. HEADLAND, M. B., B. A., F. L. S., &c. *Second American from the Second and Enlarged London Edition.* Philadelphia: Lindsay & Blakiston. 1856.

We are much pleased to see another edition of this truly valuable and suggestive work, as the very important though complex subject of which it treats, "the action of medicine in the system," needs all the light which modern science can throw upon it. The preface states, that "The first and second chapters have been left unaltered, but some new articles will be found scattered through the third and fourth chapters, and some additional observations and experiments recorded in the same.

No medical library should be without it.

*How to Nurse Sick Children.* New York: S. S. & W. Wood,  
261 Pearl street.

We received the above little work several months since, and read it at the time with much pleasure. Its author, whoever he may be, wields an eloquent and forcible pen; while the kindness of feeling, which there can be no doubt chiefly prompted its writing, and the sound judgment displayed in all its directions, deserve the warm thanks of all engaged either in the attendance upon or treatment of sick children.

We venture to say, that no one will commence its perusal who will not both read it through and be much pleased with it.

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## THE MEDICAL EXAMINER.

PHIADLELPHIA, MARCH, 1856.

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### MEDICAL NEWS.

We invite the attention of the profession to the following letter upon the much vexed question of assimilated rank in the Navy. They will perceive by it that the General Order upon that subject, passed several years since, whether from apathy or fear in the Department to enforce its observance or not we do not know, is entirely set at nought and disregarded in certain quarters. And what is even worse, that the letter of the regulation, or rather a far-fetched and quibbling interpretation of a certain clause in it, is taken advantage of by officers commanding our national vessels to refuse the Surgeons of them the usual privileges and courtesies granted to every commissioned officer of the line. We cannot say positively whether the case presented is or is not a solitary instance of usurpation of power in one, dressed in a little brief authority, though we have reason to think that it is not; if the same reluctance, however, to allow a respectable position to our Surgeons should be found to exist generally in the navy, the result must be that many will be deterred from entering so intolerant a service.

The profession has previously taken much interest in this matter; it is greatly owing, indeed, to their exertions, that the present regulation was carried through Congress, and we hope they will now use their best efforts, individually and collectively, to have the law so amended as will effectually secure the objects for which it was framed, a law that can be so easily evaded is worse than no law.



## ASSIMILATED RANK OF MEDICAL OFFICERS IN THE NAVY.

Extract of a Letter from a Surgeon to an Officer of the Line of the Navy.

In a note by last mail I said I was willing to forget the past of the cruise. There is a subject, however, upon which I would have freely spoken with you after you were detached from the ship, had a proper occasion offered. It is that of the assimilated rank of medical officers. I design stating to you now very frankly, but yet in a spirit of unalloyed kindness, my notions on this much vexed question. At the time I joined the ship, it was stated to me that you had declared your intention "to be down upon the doctors and pursers," and believing this statement, I inferred that your prejudices were so strong on the subject, you would not patiently listen to views or arguments opposite to your own. I confess that this was to me a source of great discomfort, and perhaps of discontent, which I am not aware, however, of having manifested on any occasion. I felt and still feel that, though a regulation or general order now legalized, had given me a position in the naval community, that no regard whatever was paid to it, and that I am left with less consideration than a citizen, a gentleman who might be a passenger in the ship. The consequence of this was to almost entirely deprive me of all feeling of interest in her. The feeling was enhanced by the constant reference to orders and regulations having connection with other points, and contrasting my recollections of my former associations afloat. I felt that after nearly thirty years in the navy, of which nearly a quarter of a century had passed over my head as a surgeon, that for the third time I was honored with the appointment of Surgeon of the Fleet, feeling too that I have some professional reputation, and that I am no longer a young man, my self-esteem was deeply wounded to find myself placed by the authorities of the ship on a level with the junior assistant surgeon, so far as the acknowledgments of rights, at least as far as such acknowledgment could be made by military manifestations of consideration or respect, or by the internal regulations of the ship. Any gentleman visiting the ship was free to visit the poop, and because I held a commission and responsible appointment under it, I was forbidden to touch that part of the vessel. To commissioned officers of the line it was free. I do not pretend to assign or question the motive. I mention the fact to speak of its influences upon me, and in illustration of the mortification which I everywhere met on *official* points. My constant wish was to be absent from the ship, and see as little of her as possible. I came to feel that I had neither rights nor interests in her.

I felt too that I was without means of asserting what I deemed to be

my rights, because the authorities on board had prejudiced and determined in the premises and would not calmly listen to what I might have to urge. In this respect, I regarded the conduct of my superiors as tyrannous, and at their hands I had nothing to expect. Submission was, therefore, my only course, unless I was prepared to quarrel, on a question which, like most others, has two sides, with those who had the power as well as the disposition to render me uncomfortable to a degree which might not be tolerable by a sensitive man. In this frame of mind I contemplated—and I have not yet entirely abandoned the idea—presenting charges against the Commodore, which I believe can be maintained before any tribunal of disinterested and unprejudiced men. But such a Court cannot be found, I fear, in the navy. The prejudices of the Line on the question seem to me too strong to expect such a Court, yet I sometimes fancy that it should be attempted.

The charges would be in brief, "Conduct unbecoming an officer." He refused to obey the General Order, now made law by an act of Congress, which assigns rank to medical officers. He declared he would rather stand a court-martial than give any order touching the rank of medical officers—that he would not obey any order of the Chief of the Bureau of Medicine—declarations unbecoming an officer, commanding in chief, because they suggest insubordination, and are calculated to bring into disrespect the General Orders of the Secretary of the Navy, and the act of Congress creating the Bureaus. 2. Disobedience of Orders. He refused to obey a legalized order of the Secretary of the Navy, by not fully recognizing under it the rank of the surgeon of the fleet, and refused to give the order any construction whatever in practice, on the ground that he did not understand it. By a quibble he argued that because that officer was incidentally surgeon of the flag ship, he could not be granted his rights as surgeon of the fleet. As well might he declare that because that officer is a citizen of Philadelphia, he could not enjoy the rights or privileges which pertain to an officer of the Federal government. 3d. "Oppression." He deprived the Surgeon of the Fleet of the privileges of his rank, and thus degraded him to the level of assistant surgeons. To wilfully deprive a man of his legal rights is both tyrannous and oppressive.

To refuse to obey a legal General Order is disobedience of orders.

To disobey a lawful order is conduct unbecoming an officer.

To degrade an officer in the estimation of his associates, and of his special subordinates, by withholding all the customary signs of recognition of his rank, constitutes oppression, or at least oppressive conduct, and tends to the destruction of military discipline.



I do not think that a man of your grasp of intelligence, high tone, and knowledge, will gainsay these propositions ; and I hope that reflection and calm consideration will bring you to believe that the principles which they embody *should* be applied in the case of a medical officer, as free from bias as they *would* be in the case of an officer of the line. But I will not attempt to argue the matter ; my object is simply to give you my opinions, requesting that before you condemn them, you will, in imagination, change positions. Fancy yourself an old surgeon for a while, that you may view the question from my position, and not that of an officer of the line. My theory is, that *gentlemen* may differ widely in opinion, and still be friends, or at least agree not to disagree or quarrel.

Let us look at the law. The General Order, in question, assigns four degrees of rank to medical officers ; namely, 1, with Commanders ; 2, with Lieutenants ; 3, After Lieutenants ; 4, After Masters.

The General Order surely designed that these four degrees of assimilated rank should be distinct, and distinguished from each other respectively, just in the same manner, according to naval custom, as the grades of Commander, Lieutenant and Master are distinguished. And, as a manifestation, in part, at least, of these several degrees of rank, a uniform dress, with badges to distinguish them, one from the other, was devised and assigned to medical officers.

My belief is that the assimilated rank was designed to entitle medical officers to the same personal privileges and immunities, the same ceremonials of respect, as are freely enjoyed by officers of all grades of the line with which they are in rank assimilated. My belief is that a Surgeon who holds the assimilated rank of Commander is entitled, while living, to all the courtesies, respect, &c, to which a Commander in the line is entitled, by the customs of the naval service, and when dead, to the same funeral honors. And that a Surgeon, holding assimilated rank with Commanders, cannot be lawfully placed on a level with Lieutenants of the line, or inferior to them, simply for the reason that, according to the customs of the service, a Commander cannot be placed on a level with Lieutenants of the line, or inferior to them, as he would be, were he to be treated ceremonially as a Lieutenant.

My belief is that "precedence" does not, itself, mean or imply command ; that is a strained construction of words, which draws such a meaning from it. My belief is that a Lieutenant, acting in the capacity of executive officer or first Lieutenant, has no right, under the law, to control any medical officer with the rank of Commander, in any manner or form ; and further, there is nothing in their respective duties, which

requires that the executive officer should have such right to control the official or personal acts or movements of a Surgeon, holding the rank of Commander, no matter whether he be Surgeon of the fleet or not. It is enough for all official purposes, that the Surgeon or Surgeons of the fleet should be subordinate to the officer in command of the ship to which he may be attached. It is not necessary, for example, in order that the duties of the medical department of the ship shall be properly discharged, that the first Lieutenant shall have the right to command the Surgeon, or the Surgeon of the fleet, not to leave the ship, or to be informed when he goes or when he comes. He can as well be informed of this by the officer of the deck, as of the ingress and egress of the Captain, Commodore, or his Secretary. The government confides to the medical officer the management of the medical department, and has provided means of punishing for neglect of duty, or for disappointing its confidence in any manner.

I believe that the law which confers assimilated rank, is as binding, on all officers of the navy, as any other law. And to ignore its existence or to transgress it, is disobedience and open disrespect to the will of Congress, and the will of the Executive.

So much for the construction and application of the law as it stands. But my notion is that no medical officer could safely attempt to enforce it on board of this ship, without being assailed by every annoyance which illiberal and tyrannous dispositions might devise. There is, perhaps, an apathy in the Navy Department on this, as well as on other points, and complaints might be received with indifference from physicians ten thousand miles away from the ear of the Secretary of the Navy and the public.

Whether the *law* is just or proper, as a whole or in part, is a question distinct and independent of its application or administration.

I believe the law is defective, and that it would work more harmoniously, and certainly without affording place for quibbles on its meaning and application, if the exceptional clause were stricken out. I mean that clause which gives precedence to Commanding and Executive officers. My belief, too, is that without this clause, the administration of the law could, in no manner whatever, injure the discipline or efficiency of the naval service, the true interest of which I have as much at heart as any man in it. Unless this clause be stricken out, it would be advisable to repeal the whole law, and place medical officers at the discretionary courtesy of officers of the line, in spite of the fact that former experience is loud against it.

I do not fancy that you agree with me in these notions ; yet I con-  
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ture that you might find it difficult to demonstrate that my views have no foundation. I have always thought, however, that on shipboard such points should not be discussed, because few men, (according to my experience of the line,) have magnanimity enough, while in power, to yield any point, which, even in appearance, trenches upon it. But I believe that you will, while off duty, consider the subject with the liberal spirit which has often exhibited itself to me in our conversations on various subjects, and perceive that every position I take is, in itself, absolutely true. I wish to extend the truth; nothing more.

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PHILADELPHIA, February 12th, 1856.

At the last stated meeting of the College of Physicians of Philadelphia, the following delegates were elected to the next meeting of the American Medical Association.

Drs. Franklin Bache, George B. Wood, Rodman Paul, Charles D. Meigs, George W. Norris, John B. Biddle, Robert P. Thomas, Thomas H. Yardley, Alfred Stillé, William V. Keating, William B. Page, and Henry Hartshorne.

ALFRED STILLÉ, Secretary.

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The Catalogue of the Jefferson Medical College of Philadelphia contains the names of 510 students.

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Dr. J. Da Costa has been appointed Lecturer on the Theory and Practice of Medicine in the Philadelphia Association for Medical Instruction, the position previously occupied by the late Dr. Moreton Stillé. Dr. Da Costa is a gentleman of excellent abilities and much information, and will prove a valuable addition to the school.

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Dr. Marshall Hall has had the honor of being elected the Corresponding Member to the section of Medicine and Surgery in the French Institute, receiving 39 out of 41 votes. The list of candidates consisted of himself, Dr. Rokitansky, of Vienna, Prof. Christison, of Edinburgh, M. Riberi, of Turin, and M. Chelius, of Heidelberg.

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MORTALITY OF NEW YORK AND BROOKLYN IN 1855.—NEW YORK.—The total mortality in the city of New York during the year 1855, was 22,179, which is 6,389 less than in 1854, notwithstanding the supposed increase of population. The total mortality of 1854 was 28,568, of which number 2,509 died of cholera, which prevailed here more or less from June to November. There has been a remarkable exemption

from all epidemic diseases during the past year. More than *half* the deaths occurred among those under *five* years of age, which class comprehends a little less than *one-seventh* of the whole population; while in the class from 5 to 20 years, which embraces more than *one-fourth* of the entire population, there were only 1,545 deaths, being one death in 109 individuals. The deaths in the class from 20 to 40 were *one* in 70; in those over 40, *one* in 38. In 1854, the weekly average of deaths was 547; in 1855, it was 426. The population of the city is probably about 650,000.

*Brooklyn.*—The total mortality in Brooklyn during the year 1855, was 3,893, of which number 2,031 were males, and 1,862 females. Of this number, 424 died of consumption, 177 of pneumonia, 154 of croup, 286 of cholera infantum, 239 of scarlet fever, 48 of measles, 9 of small pox, and 61 of typhus and typhoid fevers.—*N. York Medical Times.*

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DR. BENNET'S INTRODUCTORY LECTURE, which has been published under the title of the "Present State of the Theory and Practice of Medicine," is exciting considerable attention just now, on account of a pamphlet remarking on it in terms of great severity, by Dr. John M'Gilchrist, a gentleman of great talent, and not unknown, we understand, to the frequenters of your London theatres, by some of his performances, which have been acted on the stage.

The criticism of Dr. M'Gilchrist was originally communicated to the Hunterian Medical Society, and has since been published.

The proem which Dr. M'Gilchrist lays down, is stated as follows:—

"It is because I conscientiously differ from Dr. Bennet,—because I consider the scientific position he would assume for modern Medicine unphilosophical and untenable,—no less than because I think his Lecture a narrow and illogical production,—that I embrace this opportunity of indicating what I believe to be some of the specious fallacies—the barren speculations—the *ignes fatui* of modern medicine."

Having thus discussed the questions raised by the Lecture, Dr. M'Gilchrist concludes with the following verdict, not very complimentary to the learned Professor:—

"We have now done with Dr. Bennet's Lecture,—a production, we make bold to say, remarkable for the narrowness of its views, the absurdity of its illustration, and the ignorance it betrays of the first principles of ratiocination."

A pamphlet written in a spirit of such uncompromising boldness could not fail to produce considerable excitement, especially among the



Students, and it forms the constant theme of conversation in Professional circles.

Dr. Bennet has certainly got an ugly customer to deal with, and the general opinion seems to be, that his interest will counsel him to consult the better part of valor—discretion.

The less sympathy is felt for Dr. Bennet under this castigation, on account of the offence which has been given to the Profession by a paper published by him in the current number of the *Monthly Journal*, "On the Diagnosis of Phthisis Pulmonalis."

In this paper, the author somewhat arrogantly, as is thought, assumes a superiority in diagnosis which those who have watched the non-verification of his prognostics, by dissection in the Infirmary, are by no means willing to accord to him. The reaction produced, in consequence of this assumption, has called to mind many stories previously floating about, such as those to which Professor Henderson has given embodiment, in his "Homœopathy fairly Represented."

"I have known," says Dr. Henderson, "a great advocate for Cod-liver oil in consumption, mistake chronic pleurisy for the other disease. I have known an eminent stethoscopist, for mere irritation of the throat, which he treated with caustic as usual, mistake pulmonary consumption, which was fatal within the week by the bursting of a tubercular abscess into the pleura. I have known an instance in which a notable Hospital Physician, not finding, on dissection, the pulmonary disease he had mapped out and described to his pupils, adroitly remarked, 'Gentlemen, you perceive the appearances on dissection don't correspond with the stethoscopic signs heard during life' (the lung was sound)." — *Medical Times and Gazette*.

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The pregnancy of the Empress of the French is an event scarcely second to any of the present age in importance, not only to the destinies of France, but to the interests of Europe and the world at large. Sinister rumors have been set afloat in Paris by those disaffected to the Bonapartist dynasty; and it is in the highest degree imperative that the gestation of her Imperial majesty, and the birth of a direct heir to the Empire, should receive the highest scientific attention, and be watched with the greatest and most impartial assiduity. We alluded to this subject in the last number of *The Lancet*; and we are informed on good authority, that Dr. Locock wishes it to be mentioned, that certain of the points referred to by our "Correspondent," are not entirely correct. The Empress was in this country in April last, and we believe Dr. Locock was consulted at that time; and he was subsequently summoned to the

Palace of the Tuileries. The Empress Eugenie did not become pregnant until the last week in June. Dr. Locock was first consulted in this country, and he then attended a consultation of distinguished physicians and surgeons in Paris before that auspicious event occurred. Dr. Locock has not yet been requested to attend at the approaching accouchement of the Consort of Napoleon III., he has not, therefore, declined to attend. There are reasons of State, in France, for and against his attendance, but if his presence should be called for, we do not see why Dr. Locock should refuse his services.—*London Lancet*.

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The jury impanelled to inquire into the cause of the death of Walter Palmer, have returned the following verdict:—"We find that Walter Palmer died from the effects of prussic acid, and that such prussic acid was wilfully administered by William Palmer." The case presents many features of great interest; but, at this stage of the proceedings, it would be premature to make any observations upon the evidence adduced in support of the finding of the jury.—*Ibid*.

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M. MÜLLER. —The distinguished physiologist of Berlin only escaped drowning the other day by his presence of mind. He was returning from Norway, when the steamer in which he was came in contact with another vessel and foundered. M. Müller owed his safety to his skill in swimming.—*Edinburgh Medical Journal*.

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In consequence of the death of M. Valleix, the following changes have taken place in the hospital staff of Paris. M. Becquerel passes from the Hôpital Riboisière to La Pitié, and M. Herard, of the Hôpital Saint Antoine, takes his place. M. Moutard Martin is transferred from the Institute for Nurses to the Hôpital Saint Antoine, and is succeeded by M. Beugeron, of the Hospice de Rochefoucauld, while M. See, of the Bureau Central, takes his place.—*Ibid.*, from *Gaz. Hebdom.*

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A DINNER OF HORSEFLESH.—M. Renault, director of the Veterinary School of Alfort, has just given to a few medical friends a quaint kind of dinner, in which the merits of horseflesh, as an article of food, were to be compared to those of beef. The repast was partly composed of soup, the boiled meat used for it, and a roasted joint, each respectively and separately prepared, on the one hand with horseflesh, and on the other with meat from the ox. The company (who were, however, presented with many other dishes and delicacies) were unanimously of opinion that the horse had won the palm.—*Ibid*.



## RECORD OF MEDICAL SCIENCE.

*Inflammation of the Os and Cervix Uteri.* By Dr. RIGBY.

Besides arising from general derangement of the system, and an unhealthy condition of the circulation, inflammation of the os and cervix uteri may be induced by causes of a mere local character. Thus, for instance, exposure to cold, but this is more frequently seen to produce inflammation of the ovaries, particularly if acting during a catamenial period; violent horse exercise, especially if, from want of healthy tone, the uterus has descended lower than usual into the pelvis; inordinate or unhealthy sexual intercourse; and improper irritation of the part.

It will be scarcely necessary for me to dwell on cases of this sort, but there is another cause, which would, perhaps, come under the last head, which has existed of late years to an incredible extent, and which has not only produced much local mischief, but, in many cases, has caused a serious amount of spinal irritation, attended with severe suffering, shattered health, and forming a train of constitutional and local symptoms, the treatment of which is both difficult and tedious. I allude to the dishonest application of caustic to the os uteri, at intervals so short, as to render it impossible that the eschar produced by the first application should have healed before the next was made, and continued at this rate for such a length of time as to set up severe irritation, and even produce serious injury.

This form of inflammation of the os and cervix, presents features which distinguish it from the ordinary species I have been describing. It would, perhaps, be correct to call it a highly irritable condition of the uterus (which not only involves the ovaries, but frequently implicates the spinal cord to a serious extent,) were it not for the actual alteration of structure and permanent injury of the part which has suffered more immediately from this treatment.

The patient complains of constant pain in the uterine region, but generally more behind the symphysis pubis than is usually the case in ordinary inflammation of the cervix, extending from hip to hip, and in aggravated cases darting up the spine with neuralgic severity. It is increased by standing or by any exercise whatever. Sitting down upon a hard seat, or the passage down the rectum of solid fæces, produces great suffering, inasmuch as when once the pain is brought on, it will continue severely for some time after. The moment she assumes the erect posture she has a sensation of weight, bearing down, and burning heat in the pelvis, which are quickly followed by the pain itself.

The catamenial periods usually follow each other too quickly; are almost always very profuse, and invariably attended with great suffering. If the ovaries are involved, the symptoms of ovarian dysmenorrhœa will also be present. She has a constant ichorous watery discharge, which is sometimes very profuse. The bowels are unhealthy; the urine thick; the tongue pale, dry, and rough, with red papillæ; the face is sallow and wan; the spirits depressed; the pulse feeble and very irritable; and she has lost strength and flesh.

On examination, *per vaginam*, this canal is found soaked in the thin, watery discharge already mentioned. On gently touching the os and cervix uteri with the finger, the patient feels as if the parts were raw, from the aggravated sensibility which now exists in them; firmer pressure with the finger brings on the neuralgic pain already described. The os uteri is usually swollen, uneven, and knobby—it is frequently dragged forwards, or to one side, without any corresponding displacement of the organ itself. Whether this alteration of shape is owing to cicatrization in the part itself, and surrounding vagina; or whether it depends on different portions being affected with different degrees of induration, it is not easy to determine; at any rate the cervix usually has a strong degree of hardness, and the uterus above it feels large, hard, and very tender to the touch.

Seen through the speculum, the os uteri does not present the dark red tinge, more or less mottled with patches of a brighter color, as in cases of ordinary inflammation, but it has a pale ashy hue much injected with vessels, just as is occasionally seen in the irritable throat and tonsils of an unhealthy person who has been suffering from repeated attacks of quinsy.

The discharge is evidently uterine, and is constantly oozing from the os uteri in considerable quantities. If the uterine sound be passed, it generally penetrates half-an-inch, or even a whole inch, beyond the usual distance, showing that the uterine cavity is enlarged; and intense pain is produced the instant it touches the internal surface of the uterus, indicating great irritability of that organ, and probably inflammation of its lining membrane.

The treatment of this affection will necessarily differ a good deal from the ordinary forms of inflammation of the os and cervix; the indications, it is true, will, to a certain extent, be the same, but the local as well as the general condition of the patient is very different. The inflammation of the os and cervix in these cases is seldom of such a nature as to require the application of leeches to the part itself, and the extreme irritation which they not unfrequently produce contra-indicates any local applications but those of a soothing character; while the enfeebled state of the patient's health renders any depletion very questionable.

The general treatment is by no means so simple or so easy as in the other case. The health has been so much deranged by the long continued effects of severe uterine irritation, and the strength so broken down by frequent attacks of menorrhagia, and the profuse leucorrhœa during the intervals, that it is difficult to adopt any distinct line of treatment at first starting, beyond the attempt to regulate the liver and bowels by the mildest remedies, and soothe the irritable system by gentle sedatives.

A course of taraxacum, with decoct. sarzæ comp. and liq. calcis, is valuable in the early stage of treatment, as it obviates the necessity of mercurial alteratives, which are usually contra-indicated by the mucous irritation of the intestinal canal. It is of great importance to allay this condition as quickly as possible, not only because we thereby remove a



fruitful source of uterine irritation, but because it also enables us to employ remedies which we could not otherwise do. When this has been arrested, we may generally pass at once to the use of mineral acids and tonics, and, if necessary, these will pave the way to a course of cod-liver oil. If the season of the year permit, a residence for some months at the sea-side will be most desirable. The patient should use sea-water in her morning ablutions, and, if her health be sufficiently improved, and the weather warm enough, she may bathe in the sea with advantage.

The local treatment, as I have before stated, must be essentially of a soothing character. *Liq. plumbi diacet. in decoct. papaveris* forms one of the best injections where there is any amount of heat, swelling, or discharge; in other cases, the plain poppy decoction appears to be the only local application which will give relief. As it is desirable she should retain injections of this sort for fifteen or twenty minutes, she ought to lie upon her back, with her heels drawn up to the nates, and thus give the vagina such a direction that the injection will remain in it as long as she preserves this position. The suppositories of diacetate of lead and extract of conium are also very valuable in these cases, and, by being in a more concentrated form, and capable of being retained much longer, produce a much greater effect. The warm hip-bath is very useful, and with some patients, appears to be the only thing which gives relief. If, however, the weather be mild, the sooner she can gradually come to the use of cold water the better; and she may always be looked upon as having made good progress when, during her residence at the sea-side, she is able to bear cold sponging with sea-water, and bathing in the open sea. For those who are unable to enjoy these advantages, the salt towel which I have before recommended will be an excellent adjunct to the cold sponging. But it will be needless to enter into further details; they will vary more or less with every patient, or with the same patient at different times, and will be naturally suggested by the peculiar features, etc. of each case. The indications of treatment are to allay irritation, and restore tone, but the treatment itself must necessarily be modified by the circumstances of each particular case.

I am sorry to acknowledge that I find no difficulty in illustrating this, in many respects, disreputable subject; for my supply of cases, of which I have taken notes, is very considerable. In 1847 and 1848, when the speculum furor was rising to its height, they were few and far between; but during the last three or four years, the frequency of these cases has greatly increased. The dishonest use of the speculum and caustic is gradually working its own cure, not, alas! upon the perpetrators, but many a miserable broken-down invalid, to whom life has become a state of continued suffering, bitterly rues the day when the overdrawn statements of some gossiping friend, or her own love of "what is the fashion," prevailed on her credulity to entrust herself into the hands of these unscrupulous members of our Profession.

As regards cases for illustrating the foregoing remarks, the only difficulty is in the selection and arrangement of them; for, as I have before

stated, the supply is abundant. I will begin with some of the milder cases among married women:—

Mrs. A., aged 23, married three months.

January 5.—Delicate, just recovered from low fever with influenza, much headache; had slight swelling and tenderness of the lower part of the abdomen, on the left side, which has been leeches with relief; is of a constipated habit. No leucorrhœa.

Three weeks ago, was under the treatment of one who has not deemed it inconsistent with his creed to adopt this practice:—he had applied caustic to the os uteri three times, with intervals of only four days, on account, as he said, of hardness of the cervix.

*Examination per vaginam.*—The os and uteri is turned rather forwards, but I do not detect the slightest indication of the fundus backwards. The os and cervix, when touched, feel sore, as if raw, which she says was never the case until the caustic was applied.

Mistura ferri et magnesiæ sulph. o. m., Acid. nitro-muriat. c. taraxaco ex infus. gentianæ co., ter die; Suppositorium plumbi diacet. c. extr. conii o. n.

14.—Much better.

*Examination cum speculo.*—Os uteri quite healthy; rep. med.

March 25.—Is quite well, and has every reason to suppose herself pregnant.

The details of this patient's previous history are scanty and imperfect; but it may be safely inferred, that the attack of inflammatory pain in the vicinity of the sigmoid flexure of the colon was probably a result of the constipation to which she was liable.

It seems rather strange that hardness of the cervix should be considered as indicating the application of solid nitrate of silver! No practitioner would think of applying it in this way to any other glandular tissue in a state of irritable induration, except, perhaps, the homœopaths, who, by such treatment, would illustrate their celebrated dictum of "*similia similibus curantur.*" In the present case it was much the same, the practitioner having applied an irritant to relieve irritation!

The lunar caustic was applied but three times, but at intervals so short, that the raw surface thus produced could not possibly have been healed over; in fact, even the eschar of dead epithelium could not have been thrown off much more than twenty-four hours before it was applied again, so that the second and third applications of caustic were evidently made to a raw surface. If a blister were applied every fourth day to the same spot on the external surface of the body, we should naturally expect to produce in a short time an ugly ulceration, of a highly irritable character; and if the part were in the neighborhood of superficial, or rather glandular structures, we should naturally expect to find them soon becoming hard and tender, as a necessary result of irritation thus fiercely applied; and yet, when directly applied to an internal and highly irritable glandular tissue, the greater part of which is covered only by a delicate mucous membrane, and this application frequently repeated at such short intervals, that the surface is entirely, and sometimes deeply, denuded of its natural covering, we are to sup-



pose that such treatment will not only produce no irritation, but even remove an existing state of irritation, and render a glandular tissue soft, which has become hard from irritation. Such treatment applied to an irritable breast or testicle, especially where the habit of body is feeble, and the health deranged, would reasonably lead us to expect, sooner or later, the establishment of organic disease. Another effect of this treatment, which I shall have occasion to point out in more aggravated cases, was slightly manifested in the present instance; I allude to a distorted condition of the os uteri, apparently the result of unequal contraction of the lower part of the cervix, so that the os is dragged out of its usual direction. In this case, finding it turned somewhat forwards, I was reminded of the similar condition in common retroversion of the unimpregnated uterus, and feel convinced that it was an effect of the hardness of the cervix, arising from the irritation of the lunar caustic. In worse cases it is permanent, being produced by deep cicatrizations not only of the os and cervix, but of the upper part of the vagina; in slight cases, like the one under consideration, it would disappear as the part returned to its natural condition. I regret that I did not specially notice this point at my last examination.

One other result I must not omit, as I shall have frequent occasion to allude to it when existing in a far greater degree, and which, in this patient, was only to a trifling extent, viz: the sense of soreness and rawness of the os and cervix when touched. Three weeks had elapsed since the last application of caustic, and she had no leucorrhœa, so that there was every reason to suppose that the part was quite healed over; nor is this smarting sensation necessarily produced by passing the finger over a part to which caustic has been recently applied—it is a slight and early manifestation of that morbid sensibility which, in its more severe forms, is marked by those paroxysms of pelvic pain and neuralgic darts of acute suffering, which seem to have their seat in the more immediate vicinity of the spinal cord.

The treatment was according to the indications which I have stated, viz: to strengthen the general health, and soothe local irritation; and was followed with the best results.—*Medical Times and Gazette*.

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*The Simplest Operation for Uncomplicated, Congenital Phymosis.*

By T. FURNEAUX JORDAN, Esq., M. R. C. S.

Not only are Surgical authorities of opinion that circumcision is rarely, if ever, necessary; but those truly frightful slits, extending half-way up the penis, to be seen in the pretty engravings which adorn some (of our best, too) Surgical manuals are fast getting into surgical disfavor. The present mania, however, of attributing uncomplicated, congenital phymosis in every case to the unfortunate mucous lining of the prepuce alone, and the practice of heroically slitting up the same to the very point of its reflexion from the penis, has arisen rather from the hypothesis of theorists than from the enlightened experience of acute observers.

The non-dilatability of the congenitally phymosed prepuce is confined to the margin of the preputial orifice and to the skin and mucous membrane in its immediate vicinity; such non-dilatability undoubtedly extending to a greater distance on the inner than on the outer aspect of the foreskin.

The received opinion, touching the non-elasticity of the preputial lining in its entire extent, is so far from being correct, that ordinarily such lining, for some distance anterior to its point of reflexion, is arranged in rugous folds, like all other mucous membranes that are too large for the organ they line, save when the peculiar function of that organ is being exercised.

The opinion that the skin is not implicated in phymosed stricture, is equally incorrect. In one patient, on whom I operated with complete success, by far the tightest portion of the prepuce, after recovery from the operation, was the skin for two lines behind the cicatrices.

From the above remarks, it will be inferred that any incisions, which extend further than the parts forming the margin of the prepuce, and for a short additional distance on the mucous surface, are unnecessary, and hence cruel. A single incision, however, as described, would fail to secure the retraction of the prepuce, not because the incision is too limited, but because a single incision cannot possibly relieve the whole circumference of the congenitally-contracted preputial orifice; two, however, or at most three, of the small incisions in question would afford complete relief.

The mode of operating which I have adopted, and with signal success in its results, is this:—Having first induced local anæsthesia, by applying pounded ice to the penis for two minutes, I introduce one blade of a pair of scissors (blunt-pointed, yet cutting to the end) to the distance of  $\frac{1}{4}$  an inch, between the glans penis and the prepuce, on one side of the penis, at a point midway between the frenum posteriorly, and the mesial line anteriorly. Both layers of the prepuce being divided to the extent mentioned, a similar incision is made at a similar point on the other side of the penis. The prepuce is now retracted to the extent allowed by the incisions, which by this proceeding are brought quite external, enclosing between their lips an uncut layer of lining membrane. This is divided on each side, by introducing one blade of the scissors, to the extent of, and immediately under, the original wound. The entire prepuce may then be retracted, a piece of wet lint wrapped round the penis, and the whole supported by a proper suspensory bandage. The patient need not lie in bed. Where three incisions seem preferable, they should be equidistant from each other, the third being at the mesial point anteriorly, the two lateral incisions should be a little nearer the frenum, than when two only are made.

The incisions may of course vary a line or two, one way or the other in extent, according as the constriction is more or less aggravated.

The recapitulatory points to which I would draw attention, are:—

1. That the skin is more, and
2. That the mucous membrane is less, involved, than is generally supposed.



3. That two, or at most three, comparatively small incisions will afford complete relief.
4. That no assistant is required, and
5. No instrument save a pair of scissors.
6. Two or three small incisions cause much less irritation, and heal much more quickly than one large one.
7. That the patient need not lie in bed.—*Medical Times and Gazette.*

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*On the treatment of Hæmoptysis.* By M. ARAN.

M. Aran agrees with those who entirely condemn the employment of blood-letting in the treatment of hæmoptysis, as it only temporarily arrests the bleeding, while it is dangerous, owing to the debility, and increased susceptibility, to the intercurrent affections it gives rise to. He has, for some time past, been engaged in testing the efficacy of the various hæmostatic agents employed in hæmoptysis; and in this paper he gives the results of his observations. He considers the essence of turpentine a most valuable remedy, given in doses of from 10 to 30 drops every hour, either in a spoonful of water, or mixed up with magnesia as a bolus. Marked amendment usually occurs in a few hours, and in from twenty-four to thirty-six hours the bleeding ceases. It is less suitable for young or plethoric subjects with febrile action, than in weak cachectic individuals, exhibiting atonic characteristics. Ergot of rye and ergotine are far less efficacious; but chloride of sodium, given in doses of 1 to 2½ drachms, proves very efficacious in some cases, and has the advantage of being always at hand. Among the astringents, tannin, and especially gallic acid, are to be recommended; the latter, while quite as efficacious, does not exert the same desiccating effect upon the tissues, or induce the obstinate constipation produced by tannin. As a mean dose, M. Aran gives 15 centigrammes (a centigramme is  $\frac{1}{7}$  grain) every hour or alternative hour. He has had little experience in the use of emetic and nauseating remedies; but in three cases in which veratrine was employed, the bleeding ceased as if by enchantment. This class of remedies, indeed, would deserve to stand in the first class of hæmostatic agents, were there not others possessing like efficacy, and yet not giving rise to the painful nausea these produce. M. Aran has derived great advantage from the combined use of digitalis and nitre. In ordinary cases, he gives in the twenty-four hours, 30 centigrammes of digitalis, and 1½ gramme (a gramme is 15 grains) of nitre, divided into four doses; but in very severe cases, these doses may be very much increased, so that the digitalis has been given to the extent of 1½ gramme, and the nitre to 4 grammes, without injuriously affecting the action of the heart, while the effect produced on the hemorrhage has been remarkable. Its arrest, never, however, takes place so suddenly under the use of these medicines, as when turpentine or gallic acid is employed.

In abundant, but not immediately dangerous hemorrhage we can choose among any of the above-mentioned means. In extremely abundant hemorrhage, we must arrest the flow as speedily as possible, by

agents which do not depress the powers of the economy too much, and which are not too slow in their operation. Neither ergot, acetate of lead, nor alum is sufficient to meet the danger. Turpentine, gallic acid, chloride of sodium, or nitre with digitalis, can alone be trusted; but the necessity of increasing the dose with the intensity of the hemorrhage may, perhaps, render the chloride of sodium, and especially the nitre and digitalis, dangerous, through the possibility of the production of a too great depression of the heart's action. It is, therefore, to gallic acid or turpentine that we must chiefly trust in these severe cases; and we must not limit ourselves to their employment, but also endeavor to procure a temporary arrest of the hemorrhage by ligatures to the limbs and the application of ice to the chest, allowing the means employed internally to consolidate this temporary cure.—*Med. Times & Gaz.*, Jan. 1856, from *Gaz. Hôp.* 1855.

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*The Erysipelas of Infants.* By M. HERVIEUX.—The following are the conclusions of a memoir upon this subject recently read by M. Hervieux, at the Société Médicale des Hôpitaux:—1. It is principally observed within the first six weeks. 2. Among the predisposing causes must be mentioned nosocomical influence, epidemic puerperal fever, induration of the cellular tissue, enteritis, changes in the Peyerian glands, gastro-intestinal ramollissement, bronchitis and eruptive fevers which have reached their last stage. 3. The most common determining causes are umbilical suppuration, ulcerative erythema, suppurative inflammation of vaccine pustules, cupping, leeching or blistering, and the too early application of earrings. 4. It seems to be connected with certain affections not only by relations of causality, but also sometimes by those of contiguity. Thus, peritonitis seems to give rise to erysipelas of the abdomen, pleuritis to that of the chest, and ulcerative stomatitis to that of the face. 5. The local phenomena are the same as in the adult, except when it is grafted on sclerema, when the tumefaction presents unusual hardness, and the temperature is lower than normal. 6. The general phenomena are proportioned to its intensity, and especially to its extension. They consist in fever, gradually increasing agitation, sleeplessness, extreme prostration. There is great decoloration of the face, but vomiting or convulsions are rarely present. 7. There is no fever in erysipelas that follows sclerema. 8. Locally, the erysipelas may assume three forms:—the simple, or erythematous, the œdematous, and the bullar. 9. Any part of the body may be occupied by the erysipelas, and the following is the order of frequency:—face, lower part of the trunk and lower limbs, upper limbs, upper part of the trunk, scalp, neck. 10. Sometimes fixed, it is in the majority of cases erratic, this being the form also accompanied by the most intense reaction. 11. Its duration varies from three to eight days. 12. It usually terminates by desquamation, but sometimes by ulceration or gangrene. 13. It is one of the most dangerous diseases of infancy, and the more so the nearer to the period of birth it occurs at. It is less serious when primary than when secondary, when limited than when generalized. 14. The visceral lesions observed



are only those found in the diseases which this exanthem complicates. 15. The frightful mortality that takes place in spite of all means employed, calls for great reserve with respect to therapeutical agents.—*Med. Times & Gaz.*, Jan. 1856, from *L'Union Méd.* 1855.

*Physiological Errors of Teetotalism.*—Believing that the following remarks will be read with interest by your subscribers, both medical and general, and that they will tend to form correct views on a subject of the highest importance, I shall be glad if you will grant them a place in the *Lancet*.

Those who are in the habit of reading the able and logical articles of the *Westminster Review* must have been specially struck with one more than usually clever and logical, entitled, "*The Physiological Errors of Teetotalism*" in the July number. For the sake of those who do not read the *Review*, and who probably would never see the article, I have attempted to give a sort of digest of the writer's views and arguments, and, as far as possible, in his own words; so that I wish to take no credit for what I have done beyond what is due to me for the tedium of copying, and the choice and arrangement of the more striking passages.

The two pillars on which teetotalism rests are—

1. That alcohol is a poison, and not a food.
2. That what is true of the excessive use of alcohol is true also, in proportionate degree, of the moderate and occasional use; in other words, that alcohol is *essentially* a poison.

On these, the whole argument for teetotalism and the whole of Dr. Carpenter's prize essay rest. The conclusions which the writer of the article establishes are—

1. That alcohol is food.
2. That use is *not* the same as abuse in the case of alcohol, of which it may be asserted that *quantitative* difference produces *qualitative* difference.

And thus the first pillar of teetotalism is shown to be a *scientific error*, and the second a *fallacy*; and, the pillars being destroyed, the entire system falls to the ground. From this, the nature and extent of the writer's task will be clearly understood; but I fear that the able manner in which he has performed it will not be so evident in my abridgment as it is in the original article.

Dr. Carpenter says, "the action of alcohol upon the animal body in health is *essentially poisonous*;" this proposition he attempts to prove, by showing that, "a soldier died on the spot, from drinking seven pints of brandy." Such examples prove that alcohol will kill, but not that it is *essentially* a poison. Life-giving oxygen might as easily be proved a poison. The fallacy which misleads Dr. Carpenter and his followers, is, the *assumption* that whatever is true of a large dose, is true, in a minor degree, of a small dose. There are cases in which what is true of the whole is true of a part; what is true of a large quantity is true of a small quantity; but there are many cases in which no such proportionate gradation exists—cases where *quantitative* difference produces *qualitative* difference; as, for instance, when a certain weight will make

a steel spring *bend*, and a slight increase of the weight will make it *break*; in the one case, the force of cohesion is not destroyed; the spring, released from the weight, rebounds into its original shape; in the other, a slight addition altogether changes the effect, the spring breaks and cannot return to its original condition. People forget how frequently questions of *degree* involve questions of *kind*. Ice and steam differ only in the degree of heat; the cold of the arctics and the heat of the tropics are but differences of degree. Light, which is the necessary stimulus to the eye, produces blindness in excess. It will be objected that these are *natural*, and that alcohol is *unnatural*; but study is equally *unnatural*; and because men ruin their health by over-study we are not to conclude that all study, however moderate, is gradually fatal in its effects. Arsenic is no more natural than alcohol; yet when taken regularly, in minute doses, it gives both to men and horses increased vigour, increased beauty, and an enviable rejuvenescence. Theine, in doses of three or four grains, produces the most agreeable effects; double the quantity will be followed by unpleasant and dangerous symptoms. Granting, then, that in *some* cases whatever is true of excess, is *not* true of moderation; any case in which it is true, must depend upon intrinsic *qualities*, not affected by relations of *quantity*. Oxygen is not intrinsically a deleterious stimulus, but only quantitatively so. Lying is a vice, a vice qualitative; and there is not much difference, morally, between a man who lies liberally, and a man who is constantly but minutely mendacious. We are thus brought round to a consideration of the scientific error so intimately connected with the logical fallacy just exposed—the error, namely, of calling alcohol a poison. We hope to make it clear, that alcohol is not poison, but food. To the popular mind, it would be equally paradoxical to say iron is food, salt is food, chalk is food; the popular idea of food being limited to substances which, eaten by themselves, nourish and allay hunger.—*Mr. Hooper in Lancet.*

Concurring in these views generally, we have some hesitation in giving publicity to them, lest by so doing we should contribute to arguments tending toward an encouragement of intemperance. If, however, alcohol is “food,” it must be admitted that it is a dangerous one, and totally unnecessary where simple nutritious materials are at hand, and where youth and rude health render any such auxiliary unnecessary.—*Dublin Medical Press.*

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*On the Secretion of Sugar and Bile in the Liver.* By Dr.  
J. MOLESCHOTT.

In the *Comptes Rendus* of the French Institute, (May, 1855,) we find a communication from the eminent physiologist of Heidelberg, Professor Moleschott, designed to report a series of experiments which he published in 1852, but which are not generally known, which tend to prove that the liver is not an excretory organ.

Professor Moleschott has succeeded, in a large number of cases, after extirpating the livers of frogs, in keeping these animals alive for two



or three weeks after the operation. It is well known that after the kidneys are removed, urea accumulates in the blood. Now, if the liver is only an apparatus of filtration, we should expect to find organic acids, coloring matter of bile, and sugar, in the blood or tissues of animals from which this viscus has been removed. Dr. Moleschott examined the blood, muscles, gastric juice, and urine of frogs from which the liver had been removed from one to twenty-one days, repeating and varying his analyses. He could not detect a trace of sugar, or of the immediate element of bile.

He concludes that sugar and bile are formed in the liver. For the first fact, science is indebted to M. Claude Bernard. In regard to bile, Muller first proved that it was produced by the liver. Kunde and Lehmann corroborated his experiments. But these savants preserved life in the animals in which they extirpated the liver for only two or three days.

Frogs from which the liver has been removed exhale far less carbonic acid than the same animals when intact. Dr. Moleschott has compared frogs without livers with frogs from which he had removed the legs, in order that they should lose as much blood as in excision of the liver, and also with intact animals. All the frogs were from the same marshes, of the same sex, and as nearly as possible of the same size. The experiments were made the same day, in a room of equable temperature, and under the same atmospheric pressure. Twenty-six experiments were made for each category. One hundred grammes of un mutilated frogs exhaled in twenty-four hours 0.566 of carbonic acid; 100 grammes of frogs of which the legs had been amputated, gave 0.457; and the same weight of frogs without livers, gave 0.332. These figures give the average or mean result of the numerous experiments. These facts prove that the removal of the liver diminishes the elimination of carbonic acid in a degree altogether beyond what might be explained by the loss of blood inevitable in such an operation.—*Virginia Medical Journal*.

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*Apoplexy, Paralysis, Softening of the Brain—A Plea for Non-Performance of Promise of Marriage.*

[To the Editor of the Medical Times and Gazette.]

The Dublin newspapers of December 15th, kindly forwarded to me by Mr. Wilde, report a trial for breach of promise of marriage, presenting features of much interest in a Medico-legal point of view.

The morbid conditions alleged in defence have been generally recorded in Medico-legal works, so far as I have been able to discover, as a cause of impotence, and have not been brought forward in a court of justice as the ground of defence in an action similar to the present. I have, therefore, thought that the present case might be acceptable to your readers.

HURFORD v. SINGLETON.

This action was defended on the ground that at the time defendant had promised marriage he was advanced in life, viz., 60 years of age;

and that before a reasonable time had elapsed from the request to marry, namely, in May, 1855, he was, by a visitation of God, attacked by a fit of apoplexy, since which time he was in an infirm state, and afflicted with softening of the brain, in consequence of which he could not perform his promise without putting his life into great peril, and hastening his death.

Evidence was called on the part of the plaintiff to prove the engagement, and to show that apparent impairment of health or vigor remained after recovery from the attack.

It was stated by the defendant's counsel, Mr. Ball, that, in 1849, he had suffered from dropsy and disease of the kidneys; that, in 1852, he had an attack of apoplexy and congestion of the brain. During the interval from that time until May last, he had promised to marry the plaintiff; but that in the latter month he was afflicted with another attack of apoplexy, and was now suffering from paralysis and softening of the brain.

The Medical evidence in support of the defence, was as follows:—

Dr. Speedy had attended the defendant, with Mr. Cusack, in 1849, when suffering under dropsy, and again in 1852, when he had the attack of apoplexy. Dr. Speedy stated that he is now liable to another attack, and is paralytic;—further, that an attack of apoplexy would endanger his life. Upon being asked whether marriage would put the life of defendant in peril, Dr. Speedy replied, that the circumstances under which another attack might be produced would depend upon his physical powers. The witness would not give it as his opinion that he might not consummate the marriage without periling his life; he had known many instances of delicate persons marrying, and getting stronger and better afterwards.

Mr. Wilde had known defendant fourteen or fifteen years; he had seen him in June last, when he found him laboring under paralysis; the defendant had a similar attack in 1852; also a serious varicose ulcer on his leg from 1851 to 1854, off and on; he is now partially paralyzed in the leg and arm, and suffering from loss of memory. Mr. Wilde had doubts whether he could consummate matrimony. As one of the Census Commissioners, Mr. Wilde knew that defendant was not competent to fulfil the duties of the appointment he held in the Census Office. On cross-examination, Mr. Wilde stated that he had known men get married after apoplexy; he had not known an instance of a person with an arm or a leg paralyzed getting married. He agreed with Dr. Speedy's opinion.

Mr. Cusack had attended defendant in 1852 for an apoplectic attack; also in May last, when he had an apoplectic attack, and was becoming paralytic. Mr. Cusack believed that any excitement would increase the tendency to another attack, and would tend to hasten his death.

The jury returned a verdict for the plaintiff, £300 damages, and costs.

The ground of this verdict, it is said, was that the jury considered that an unreasonable time had elapsed between the date of the promise of marriage and the date of the last attack of apoplexy.

"The sexual function," observes Dr. Taylor, "is so intimately allied



to bodily vigor and nervous energy, that the integrity of the one may be pronounced to be essential to the other," ("Medical Jurisprudence," 5th edit. page 625.) Relatively to the case before us, we may add, that the one will surely react upon the other. It is well known that, not only does excessive sexual indulgence induce paralysis, but that even moderate, and only occasional, sexual intercourse has been followed by fatal consequences, in persons of delicate health. The occurrence of hemorrhage from internal organs, the lungs, brain, etc., has frequently followed upon copulation; still more probable was it, that it should take place in a brain damaged by softening—a pathological condition of the brain very commonly ending in either apoplexy or paralysis.

The defence, therefore, set up in this case was a valid defence. The general evidence did not show other than a disposition to perform the promise of marriage previously to the attack, although the jury, it appears, thought the period that had elapsed was unreasonably long. However this may be, there can be little room to doubt that the opinions expressed by Dr. Speedy, Mr. Wilde and Mr. Cusack were strictly correct, and established the defence so far as the plea rested upon the state of the defendant's health. That such heavy damages should have been awarded on account of the lapse of time is matter of considerable surprise.

I am, etc.,

W. B. KESTEVEN.

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*Case of Walter Palmer.*—We continue, according to promise, our account of the Rugeley mysteries, in order, as we stated, that our readers may trace the successive points that are brought out in evidence, and may possess, for future reference, a record of transactions which must of necessity be constantly referred to hereafter in the annals of Medical Jurisprudence.

The case of Walter Palmer is this: It is suspected, or alleged, that his death was compassed or promoted by his brother William; and that the motive for this supposed crime was the desire to obtain a large sum of money, for which Walter Palmer's life was insured.

Our position as Editor of a leading Medical Periodical, enables us to obtain, from many sources, authentic accounts of the evidence which has been, as well as of that which will be, brought forward on various sides of the case; but we deem it our duty not to divulge any matters of criminatory importance before they are delivered as testimony in open court. We shall take the alleged facts as to Walter Palmer's death first, reserving the important particulars as to the insurances, in order to see if they are made public before we go to press.

Walter Palmer was aged 32, said to be of easy temper, unfortunate in business, addicted to drink, and, on this account, living away from, but seemingly not on bad terms with his wife, a lady whose misfortunes and straightforward character entitle her to all due sympathy and respect. The account we have of him is, that in 1852, '53, and '54, he had been laboring under great enlargement of the liver, dropsy, vomit-

ing of blood, and pleuro-pneumonia—the disease of drunkards *par excellence*; moreover, that he had suffered from two distinct attacks of *delirium tremens*; and yet, that his life was insured for £13,000 at a heavy premium by the Prince of Wales Office, in January, 1855. During the spring of 1855, Walter Palmer was seen by several Medical gentlemen, and by other witnesses; and from their united testimony, we gather that his health was then not so bad, in outward appearance, as might be imagined from the effects of previous intemperance, and that his habits were temperate for him, although far from temperate in the abstract. For example, when on what one witness called the “sober tack,” his allowance was half or three quarters of a bottle of gin daily; and yet, during the months between January and July, 1855, it must be remembered that repeated attempts were made to increase the sums for which his life was insured.

In the month of July, we get a more explicit and vivid picture of him; for, on the 7th of that month, Mr. Henry Day, surgeon of Stafford, was called in to see Walter Palmer by William Palmer. The latter described his brother as being exceedingly ill through intemperance; that this was a source of great anxiety to the family, and that Mr. Day would earn their everlasting gratitude if he could induce him to reform. Mr. Day appears to have visited his patient, to have discovered chronic inflammation of the lungs, and to have prescribed medicines well suited to the patient's malady and habits. The patient seems at this time to have been in a state of recklessness; “not clean” in his person; and refusing to take the serious advice which Mr. Day very properly gave him. On the 10th of August, Mr. Day's opinion of his health may be gathered from the fact, that he told him that “he would some day shut up like a knife,”—a prophecy destined to speedy fulfilment;—and as to his mental condition, Mr. Day affirms that he never could tell whether he was speaking the truth or not.

Hence it is quite vain to attempt to interpret a suspicious observation made by Walter Palmer to Mr. Day, about the 10th or 12th of August, to the effect that some pills which he had taken were “twisters.” Now, Mr. Day had given no pills; and it has been surmised that William Palmer gave his brother, surreptitiously, some pills intending to do him no good, pretending that they came from Mr. Day. But the mental condition described by Mr. Day, renders it quite impossible to say, first, whether Walter Palmer meant what he said, or said what he meant; secondly, if so, whether it was or was not true. Very little can be built upon this.

Mr. Day's attendance ceased, for a time, on the 31st of July. After this, it appears that Walter Palmer went to Liverpool with his wife, and remained four days, during which time she describes him as *perfectly sober*. But, on his return to Stafford, on the 8th or 9th, and from that time to his decease, on the 16th, there is but one account from all who saw him, and that he was night and day in a state of constant brutalizing intoxication; day after day poisoned with immense quantities of gin; vomiting every morning; eating “an ounce out of a mutton chop” for his dinner, going to bed with a gin-bottle at his elbow,



and not sober when he woke in the morning. On the 10th of August, Mr. Day again saw him, and repeated his visit at intervals up to the 16th, on which morning the last act of this tragedy took place. Mr. Day being called to him on that morning, found him *in articulo mortis*—countenance bluish, convulsive twitchings of left side of face; pulse gone; a little yellow liquid running out of the corner of the mouth, which smelt like brandy-and-water;—and there was an end of Walter Palmer!

Thomas Walkeden, a man with whom Walter Palmer lodged, and whose account of the habits of the deceased, and of his own occupation in supplying him with drink, is truly horrible, describes, on the morning of the 16th, “a sudden change in his face, which became black for about half-a-minute; his eyes flushed in a peculiar way, and he had a difficulty in breathing.” This change had been noticed by Walkeden previously, when Walter had been drinking hard, and it is not a bad description of threatening coma.

From the facts foregoing, it was natural enough that Mr. Day should give, as he did, a certificate that death was the result of apoplexy, arising from visceral disease; and probably most of our readers will agree with Mr. Robert Hughes, one of the Medical witnesses, that the patient was sufficiently *poisoned* with ardent spirits to put an end to his life.

But there remains in the background a series of unexplained circumstances as to the conduct of William Palmer. How any man, within six months, could repeatedly concur in proposing such a life for insurance, we know not, nor does it much matter. Graver matter remains. On Tuesday, August 14, two days before his brother died, William Palmer is sworn to have bought prussic acid at Wolverhampton. On the same day he gave two bottles to the “Boots” at the Grand Junction Hotel at Stafford, to be taken care of. On August 15, he asked for the bottles, took them into the stable, was seen by the “Boots” and the Landlord to pour a liquid out of one of them into another bottle, and add to the contents of one a colorless liquid, like water. He said that his brother was very ill, that he was going to take him “something stimulating;” that Mr. Day did not know his brother’s constitution so well as he did. He was with his brother on the morning of the 16th; and the “fit,” which carried him off in half-an-hour, came on while William Palmer was there.

Such an act was unprofessional towards Mr. Day, and suspicious in itself. The accounts as to the number and date of his visits to his brother, during the last few days of his life; his procuring brandy for a man already dying of gin; his not sending for his brother’s wife—all these points want clearing up; and no doubt the kind of doubts hanging over the case induced the jury, notwithstanding the evidence that the deceased had taken spirits enough to poison twenty men, to return a verdict to the effect that Prussic Acid had been administered by William Palmer.

Be it remarked, that all that is substantiated by evidence is, that the circumstances of Walter Palmer’s death *are not incompatible* with the hypothesis that prussic acid was administered.

Of course the verdict of the coroner's jury, like that of a grand jury, must be taken to intimate no more than that there is *prima facie* ground for further proceedings, in the course of which we are bound charitably to hope that William Palmer will be able to clear himself from the horrible suspicion which now rests upon him.

Here we must pause, with a passing allusion to the "Boots," who declares that some brandy, which William Palmer gave him after his brother's death, made him sick. We know for a fact, and ludicrous enough it is, that almost everybody, or rather every blackleg, who has eaten or drunk at William Palmer's table, now pretends to recollect that he tasted something odd in the brandy-and-water, or that he felt sick in the night!—*Medical Times and Gazette*.

*Society and its Lunatics.*—There are at the present moment hundreds, if not thousands, of people in this country, and at large, who are, at least, the subjects of delusions, if not decidedly lunatic. This may at first sight appear a startling statement, but it is nevertheless true, with all its hideousness. According to the census of 1851, there were, in Lunatic Asylums in Great Britain, 18,800 Lunatics,\* which gives a proportion to the general population of 1 in 1115. But the census for Great Britain gives no particulars as to the number of Lunatics or Idiots *at large* in 1851; so that we have no direct means of coming to a conclusion upon the subject. The Census of Ireland, however, ("Report on the Status of Disease") throws in some light here, from which certain general deductions may be drawn. According to this document, there were in Ireland, in 1851, 4635 Lunatics and Idiots at large, giving a proportion of one such to every 1413 of the population; and, from the difficulty and delicacy of the task of getting such information, we may, at least, consider that the number is not overstated. Adopting, then, this proportion for Great Britain, it may be pretty safely asserted that there are now abroad, under no restraint, except such as their own friends can or may impose, no less than 15,000 Lunatics and Idiots,—many apparently harmless, no doubt; others requiring but little to inflame the morbid passion; and others, again, heaping up their wrath for a fitting opportunity. This is a state of things to which civilized society ought not to be exposed. The general population has a right to be protected from those raving madmen, monomaniacs, and delusionists. Here are our incipient maniac murderers; and yet society takes no cognizance of them, till, it may be, a wretched mother or father stands at the felon's bar, with hands imbrued in the blood of his or her offspring. Then, when the mischief is done, the recollection of all the family and friends is ransacked to get up evidence as to insanity; and the victims of a delusion being already sacrificed, the maniac is *then* committed to safe custody at the expense of the State. Now, there appears to us a growing danger in this state of things. It is well known that there is great diversity of opinion as to the desirableness or policy of capital punishment, and petty jurymen are but men. Twelve men may be perfectly honest, and hold sacred the oath they have taken; but upon them rests the fearful responsibility of sending a fellow-creature to the gallows. Evidence

\* This number does not include the lunatics in work-houses.



is adduced before them of acts not consistent with a well-regulated mind; the circumstances are coloured by the prisoner's counsel; and we say it is not at all surprising that, acquittal being out of the question, the jury should lean to the merciful alternative, especially as they know it will secure society from further mischief. Hence arises another plea in the mind of the would-be (but not lunatic) murderer; and in proportion to the success of such pleas, will be the danger to society.

The present period has been peculiarly rife in murders; and, with hardly any exceptions, the broad statement is made at the outset of proceedings—as in the case of Bousfield, who this week murdered his wife and three children—“for some time past his conduct has been very eccentric;” or, as in that of the child murder at Sheffield, “it appears that he has been subject to occasional fits of insanity for some time past;” and many other such cases will occur to our readers. Now, is there no remedy for such a condition of things as this? We think there is. Say that there are 15,000 persons abroad in Great Britain certainly demented, and of whom none can prophesy harmlessness. Why should not the evidence as to insanity be available to the State before murder or mischief is committed, as it is available for the prisoner after he has committed murder?

How is this to be secured? We say, pass an enactment that, in no case of murder shall evidence of *previous* insanity be admissible in answer to a charge of murder, unless evidence as to the condition of the lunatic, or as to hereditary mental disorder in the family, has been previously sworn to before a magistrate, justice of the peace, or other such officer; and let it be the duty of the State to provide such security for the public, as each case, after close Professional examination, may call for. Apply such a scheme to the numerous cases which have lately been before the public, and we have little doubt that in all cases of real insanity the lives of the victims would have been saved, no wrong would be done to the demented, and a stop would be effectually put to the trumping up of false pleas of insanity, while some check would be interposed to the propagating of mental disorder by marriage, over which now there is no control. In reference to this latter point we may state that, by the Census of 1851, it was found that in Ireland there were 647 married males, and 1074 married females, lunatics, about a ninth part of whom were at large, and that more than one half of all the lunatics and idiots were at the procreating period of life.—*Medical Times and Gazette.*

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*On some points in the Surgery of Hernia.* By NATHANIEL WARD, Esq., F. R. C. S., Assistant Surgeon to the London Hospital.

Whenever a patient is seized with pain in the umbilical region, accompanied with nausea or vomiting, the propriety of examining the abdominal apertures should be regarded as a cardinal rule. This rule, however, in consequence of the comparative rarity of rupture in private practice, is, I fear, apt to be somewhat slighted; and it now and then happens that a case is treated for many hours as one of dyspepsia, colic,

or enteritis; leeches, counter-irritation, cataplasms, fomentations and drugs are ineffectually brought to bear, followed by an aggravation, instead of a diminution of the symptoms. An examination of the abdominal walls is subsequently instituted, and a hernial tumor probably detected. An operation is performed, and the chances of death will mainly depend on the time it has been deferred. I am personally acquainted with one or two cases of such fatal oversight. The ignorance and false modesty of patients frequently also aids the surgeon in the establishment of a faulty diagnosis, and it will be found, strange as it may appear, that patients suffering from strangulated hernia now and then are quite unconscious of the existence of any swelling, or if they know of it, are surprised on being informed that the severe symptoms under which they are suffering have any thing to do with the swelling they have had for years, particularly as the pain that has accompanied these symptoms is usually referred to a part of the abdomen remote from the position of the tumor. My friend, Mr. Ray, of Sittingbourne, informs me that on one occasion an elderly female was operated on by him, who, he found on inquiry, had been suffering from symptoms of strangulation for thirteen days. During this period she had consulted no one, nor would her husband let her, but relied on his own medical powers, which consisted in the use of some simple medicines, and a recommendation to take exercise for her relief, so that the patient had accomplished several long walks during this interval. On Mr. Ray being eventually called to see her, and on his explanation of the nature of her affection, the astonishment and incredulity depicted on the countenance of the wife and husband was great, and the former remarked, before consenting to an operation, "Now, doctor dear, do you really think that this here (putting her hand on the groin) has any thing to do with the sickness?" The poor creature, I need hardly say, died, as on opening the sac a false anus became soon established, and she sank rapidly. When a tumor has been detected in, or protruding from, say one femoral, or one inguinal canal, the examination should not even then be deemed sufficient, but all the abdominal apertures should be examined. However redundant such precaution may appear in the majority of cases, experience forcibly dictates the necessity of attending to it, and the mere circumstance of one fatal case having taken place from such deficiency of supervision, fully warrants its adoption. A large, fat woman was admitted, suffering from symptoms of strangulation of more than usual severity. Examination detected a large umbilical hernia. This was reduced without much difficulty, but the symptoms were not relieved. It came down again, and then could not be returned, and an operation was performed. Omentum only was found in the rupture. The symptoms of strangulation continued, and she died. On a post-mortem examination a knuckle of intestine was found in the femoral ring, perfectly sphacelated. There had been also considerable peritonitis.

Independently of a small hernia being overlooked, when the attention is concentrated on a large one somewhere else, two or three herniæ may be detected at the same time, and there being severe strangulation symp-



toms, it becomes a question, which of the protrusions, or whether more than one, should be selected for the operative proceedings of the surgeon. The late Mr. Robinson, in a valuable paper, "On the Complications of Hernia," which was published in the *London Journal of Medicine*, quotes the following case: "Mr. Luke was called to a female who was laboring under an inguinal and an umbilical hernia, with symptoms of strangulation. Both ruptures were very tense and painful, and both were irreducible. The former was small, and was apparently contained in the inguinal canal; of the two it was the more tense, and could be obscurely felt through a thick layer of fat." He was induced to operate on this one. He found, upon opening the sac, a portion of small intestine tightly strangulated. He divided the stricture, and returned the bowel. Relief followed; the symptoms subsided, and the woman recovered.—*London Lancet*.

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*On Hemorrhage in Fevers. Extract from an Essay.* By HENRY KENNEDY, A. B., M. B. T. C. D., Fellow of the King and Queen's College of Physicians in Ireland, &c.

Before concluding this essay, it may probably be expected that something should be said on the treatment of fevers attended with hemorrhage. Were I, however, to enter fully into this part of my subject, it would extend the essay beyond all reasonable limits; and I shall, therefore, confine myself to a few remarks of the most general character.

The preceding pages illustrate—I would hope amply—the fact that hemorrhages in one form or other, are of frequent occurrence in the fevers of Dublin; and farther, that these hemorrhages are, in the great majority of instances, beneficial. The contemplation of these facts appears of the greatest moment. For it will be observed they are the doings of Nature, not of Art. They constitute a part, so to speak, of the natural progress of our fevers, and go on quite independent of interference on our side. It must be repeated, too, that, speaking generally, their effects are beneficial, often in the most marked way, of which many examples have been given in the preceding pages. Now, with such facts before us, what is the direct corollary which follows from them? Can any reasonable deduction be made, which will tend to improve our treatment of these diseases? Clearly, that it is the part of the physician to imitate, it may be, or at least to second, the efforts of Nature; and that every endeavor should be made to attain that knowledge which will, at least, not thwart her. Hence follows the great and leading principle which I believe should guide us in by far the greatest number of cases of fever in which hemorrhage occurs—that of non-interference: I mean an interference which would tend to check the hemorrhage directly. That cases do occur where we must step in, and do our best to check bleeding, is certain. But such are the exceptional cases, not the rule.

In many instances, however, we are fully justified in acting so as to assist the bleeding. Thus, epistaxis may be encouraged, and often with the best result. Or again, cases are very common where but a few

drops of blood may be lost from the nose; and here, by taking the hint, we can have no hesitation in the application of some leeches, proportioned in number to the demands of each individual case. I have never yet seen an instance where Nature led the way, and Art then came to her assistance, that the relief afforded was not of the most marked kind; and it is really curious what a small number of leeches will often answer the purpose; even so few as two, and to an adult, I have repeatedly ordered with advantage. These may have to be repeated, but it is the general principle only I am speaking of here.

There is another mode in which a kind of interference, in cases of epistaxis, of which I am now speaking, proves most salutary. I mean the use of aperients. It will often be found on inquiry that a confined state of the bowels is keeping up a bleeding, which it may be thought necessary to moderate. In such cases, aperients act often like magic, lessening not only the headache, which is so apt to attend such a state, but moderating also the bleeding, if not checking it entirely. In these ways, then, whilst we still keep to the rule of no direct interference, that is, in the great majority of instances, Art may step indirectly in, and be of the most essential service.

The remarks just made apply mainly to the first week of fever, though they may, with a proper discretion, be used later. As the disease goes on, however, and bleeding from the nose occurs at later stages of fever, there is then less occasion for interference. The amount of blood lost is generally, at this period, very small, and puts on more of the passive character. In such it is best met by wine and other stimulants; and this treatment is still more called for when bleeding occurs, as it may do, during convalescence.

Hemorrhage from the chest is to be treated on the same principles as those indicated for epistaxis. Dry cupping is worthy of more general use than it receives; and, in suitable cases, blood may be taken in this way with marked advantage. Blisters, too, I have seen of use. The same remarks apply to bleeding, which is in direct connexion with pneumonia, of which instances have been already given.

Hemorrhages from the bowels, occurring in fever, require more consideration than any of those just glanced at. For here the loss of blood is often very considerable, so much so, as to affect seriously the vital functions; and, if allowed to go on, destroy life itself. Instances of this kind have been already given. In such there is nothing for it but endeavor to check it by all the means in our power. The medicines which appear to me most useful are the gallic acid and the oil of turpentine; either with or without a small quantity of opium or laudanum. I think I have seen decided benefit from both but especially from the latter. It may be given in ten-drop doses, frequently repeated, and in the form of emulsion. In those instances where the urgency is not so great, yet where the tendency to bleeding still continues, I have seen the turpentine, combined with castor-oil, act like a charm. Dr. George Kennedy is in the constant habit of using it in this way. One or two drachms of each, according to circumstances, are given in draught. Injections have not appeared to me as useful as might be expected,



possibly because they do not reach that part of the bowel where the bleeding comes from.

Of uterine hemorrhages little need be said. If miscarriage be threatened, I believe it is next to useless to attempt to stop it. I have not witnessed any case where, when once threatened, it did not go on. I speak now of the earlier months of pregnancy; at a more advanced stage, however, as for instance at six or seven months, I have seen cases of threatened miscarriage, and yet it did not occur. If the bleeding be a pure hemorrhage, it will be treated on the same principles as bleeding from any other part of the frame, and of course only interfered with directly when it is to such an extent as to affect the vital functions. Lastly, if the bleeding be the natural function, it will not be interfered with, to check it, but may be encouraged with marked advantage.

To sum up, then, the principles which I believe should guide us when hemorrhage occurs in fevers, the following may be stated:—

1. That direct interference is the exception, not the rule.
2. That indirect interference, as by the means already alluded to, may be, and often is, most judicious and beneficial.
3. That direct interference is only justified where the hemorrhage is to such an extent as to affect the vital functions.—*Dublin Quarterly Journal*.

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*M. Brown-Séquard's Discovery of the Functions of the Spinal Marrow.*—Seldom has the scientific world been taken more by surprise than when M. Brown-Séquard announced his recent discoveries relative to the functions of the spinal marrow. Whatever may be wanting to complete our knowledge of the action of this portion of the nervous system, the brilliant investigations of Sir Charles Bell seemed to have set at rest forever the question as to the particular fibres which communicate motion to the muscles, and sensation to the brain. The theory of Bell, in a few words, is as follows. "The spinal cord has two functions, relative to the two substances of which it is composed. It serves as an independent organ, detached from the brain, for the performance of reflex actions, a property which it owes to the grey matter contained in its centre. By the white substance it acts as a medium of communication between the brain and the parts to which the nerves are distributed, the posterior columns conveying sensations *upwards*, and the anterior and lateral columns transmitting the power of motion in a *downward* direction. This theory was less the result of experiments upon living animals, than of a process of reasoning, Sir Charles having always manifested a strong repugnance to vivisections. M. Longet, however, demonstrated, by the application of galvanism to sections of the spinal marrow of animals, that irritation of the posterior columns caused no movement, while that of the anterior columns occasioned no pain. On the contrary, the galvanic current caused extreme pain when applied to the posterior columns above the transverse section of the medulla, and excited movements when directed through the anterior

columns of the lower segment. The grey matter was found to be insensible to the irritation of electricity. The theory of Bell, so remarkable for its simplicity and apparently so perfectly supported by the demonstrations of one of the most eminent experimental physiologists, could not fail of universal adoption, and although pathological facts were occasionally made known which appeared to contradict, to some extent, its conclusions, it seemed natural to believe that these were inaccurately reported.

It will be observed, that in the experiments of M. Longet, the spinal cord was always completely cut across. We may not unreasonably ask whether the organ thus divided is in the same condition for transmitting sensation and the power of motion, as when its continuity is in a great part preserved, and why this method of experimenting was employed, instead of cutting through each portion in succession, and observing the effect produced upon the function attributed to that part? In reply to the latter inquiry, M. Longet states that the operation of laying bare the spinal marrow, and evacuating the fluid which is contained in the cavity of the arachnoid, is always followed by paralysis, both of sensation and motion, of the posterior extremities, thereby rendering further investigation impossible. Here was the great obstacle to researches in the functions of the spinal cord, and the removal of this obstacle was the first step taken by M. Brown-Séquard. He ascertained that the nervous disturbance following the opening of the spinal canal was caused by the loss of blood and by the pain and shock consequent upon the operation. By operating in such a manner as to prevent a great flow of blood, and by allowing the animal time to recover from the depressing effects of the operation, he found that both sensation and motion returned to the posterior extremities in almost, if not quite, their original degree.

Thus enabled to experiment upon the chord in a normal state (as far as its functions were concerned), he proceeded to isolate various portions of the different columns by sections made with extreme care, and demonstrated a series of laws relative to the spinal functions, the principal of which are the following:—

1. The posterior columns may be divided without destruction either of sensation or motion.

2. Sensation and motion are destroyed when the grey substance is cut across.

3. Integrity of the antero-lateral columns does not interfere with the loss of motion, nor does integrity of the posterior columns prevent loss of sensation.

4. Division of the posterior fibres of the cord, so far from abolishing sensation in the parts to which these fibres are distributed, appears, on the contrary, greatly to increase it.

5. When the posterior columns are divided, sensation continues to be transmitted between the lower portion and the grey substance, which transmits the impression to the sensorium by means of fibres descending from the upper portion, and joining obliquely the grey substance below the point where the section is made.



Our limits forbid us to detail the experiments upon which the above conclusions are founded. They have been repeated over and over again with the same results, in the presence of a committee appointed by the *Société de Biologie*, consisting of MM. Claude Bernard, Bouley, Broca, Giraudeau, Goubaux and Vulpian, to whom was referred M. Brown-Séquard's memoir, and who were entirely satisfied with his conclusions. The interesting report which they made to the Society is the most convincing evidence of M. Brown-Séquard's skill as an experimenter and his eminence as a physiologist.—*Boston Med. and Surg. Journ.*

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*Case of Poisoning by Opium treated with Belladonna.* Reported by  
WM. H. MUSSEY, M. D.

At midnight, October 29th, I visited a female, twenty-four years of age, who was said to have taken laudanum for the purpose of self-destruction. I found her comatose, with stertorous breathing, pulse feeble, 50 per minute. Surface cold, and pupils contracted to a mere speck. At 7 P. M., the patient had swallowed one ounce of the tincture of opium, in the presence of another person. A physician was summoned, who essayed to use the stomach pump, but so effectual was the resistance as to create the belief that no laudanum had been taken, and the doctor departed. Later, a disciple of Hahnemann administered of his *arca arcanorum*, so as not to offend the delicate stomach, but on a second visit, (three hours after the poison was taken,) his faith in pellets languished, and becoming heroic, he ordered a strong decoction of coffee, in such quantities as to produce vomiting. The patient was kept "quiet" with cold water to the head, and her friends assured her there was no danger. Two hours later, I was called, and finding the patient in the state where effort at resuscitation is usually considered useless, I determined to try the effect of Belladonna, as suggested by Dr. Thos. Anderson, and ordering extract of Belladonna, 8 grains, in 2 ounces water, I commenced giving by the teaspoonful; as the fluid accumulated in the mouth, it was necessary to raise the head to cause its passage to the stomach. Each successive act of deglutition was attended with increased difficulty till I feared to administer any more, lest the patient should strangle. Seven grains of the "*Extract*" were thus administered. Watching closely for a half hour, I observed the rigidity of the contraction of the pupil to relax slightly, but no other sign of improvement. At 1 o'clock, by means of a tube passed into the stomach, I injected one ounce of the tincture of Belladonna. At 2 o'clock the pupil had dilated to three times its former diameter, the pulse, respiration and temperature of the skin had improved. At 3 o'clock, the skin was warm, pulse 100 per minute, respiration easy, and the general appearance as of a quiet sleep, but as yet there was no sign of consciousness. Considering the symptoms entirely favorable to recovery, I left the patient. At 8 o'clock I called again. The patient had awakened at 6 o'clock, complained of not being able to see distinctly for a few hours, and could not stand upon her feet till evening. There was no preternatural dilation of the pupil, dryness of the fauces, heat or redness of

the skin, resulting from the Belladonna (7 grains of the extract, and one ounce of the tincture) taken into the stomach.—*Cincinnati Med. Observer*.

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*Curative Treatment of Prolapsus Uteri, by the local application of tannin.* By CHARLES A. BUDD, M. D., Fellow of the N. Y. Academy of Medicine.

The many and varied forms of uterine disease resulting from an injudicious use of pessaries, as well as the irreparable damage done by means of cauteries, either actual or potential, or by extirpation of portions of mucous membranes, which have for their object the diminution of the capacity of the vagina with a view of curing prolapsus, have led me to add my testimony in favor of a practice first recommended by Prof. B. F. Barker, of this city. I allude to the application of lint soaked in a saturated solution of tannin; and if the perusal of the following cases, selected from a variety which have come under my observation, will induce a trial of the treatment alluded to, I feel confident that in all cases to which it is applicable, the result will be equally gratifying. There are, to be sure, certain abnormal conditions in which it is not applicable, as, for example, a very straight sacrum, or a loss of substance in the perineum due to laceration or other causes; or if there be any pathological condition of the cervix, it must be removed by appropriate treatment; and then, if the prolapsus continue, the utility, I may say infallibility, of the method alluded to, becomes apparent. But in simple cases of prolapsus, whether incipient, partial, or complete, depending upon a mere relaxation of the uterine supports, I have never known it to fail where the treatment has been faithfully persevered in. The manner recommended by Prof. B., and the one I have followed, in its principal details, is as follows:—From a double thickness of lint a triangular portion is cut out, of a sufficient size to fill the capacity of the vagina when rolled up so as to form a cone, near the apex of which is attached a piece of string to facilitate withdrawal. The patient being placed upon her back, with the hips slightly elevated, the uterus is replaced in situ, and the lint, soaked in a saturated solution of tannin, is applied with its apex downward and its base immediately in contact with the os tincae. This is repeated once in twenty-four hours, for a period of time in accordance with the extent of the displacement. I have usually found a daily application for a period of about a month, to be sufficient to perfect a cure. During this time, and subsequently, constipation must be rigidly guarded against, and the state of the general health attended to. The vagina soon begins to acquire its wonted tonicity and contractility, and the lint is consequently obliged gradually to be lessened in quantity; the strain being taken off the round ligaments, also allows them to return to their normal condition. The following cases exemplify the admirable effects of this plan of treatment.

CASE I.—Mrs. G., æt. 24 years, the mother of two children, the youngest fifteen months of age, had always enjoyed good health until the birth of her last child. The placenta in this last accouchement (I having attended her in both) was retained over three hours, in conse-



quence of irregular uterine contractions. She has been complaining ever since of pain in the lumbo-sacral region, with bearing-down pains in the hypogastrium; great constipation, with vesical and rectal tenesmus; and a sensation of faintness after an evacuation, leucorrhœa, &c. &c. Upon examination, I found the cervix protruding at the vulva, extensive ulceration extending into the canal of the cervix, inflammation of the posterior wall of the uterus, and enlargement of the organ itself, its long diameter measuring  $4\frac{1}{2}$  inches. After three months' treatment, these conditions, save the prolapsus, were all removed, the applications to the cervix having been made weekly, and without the aid of a speculum, and the uterus at this time measuring less than three inches in its long axis. The treatment consisting of the lint and tannin, was soon after commenced; and in about three weeks' time she was enabled to resume her ordinary duties. She is now four months pregnant with her third child, all treatment having been suspended about six months ago.

CASE II.—Mrs. S., æt. 20 years, the mother of one child aged two years applied to me in July, 1854, suffering from all the symptoms of uterine prolapsus. She had aborted with a three months' fœtus about a month previous, but had been complaining for two years before. An examination revealed incipient prolapsus, the cervix lying on the floor of the perineum, and slight epithelial abrasion of its mucous surface. Two applications of nitrate of silver removed this; and the use, for ten days, of the lint and tannin, effected a perfect cure.

CASE III.—Mrs. G., æt. 54 years. A widow, the mother of five children, the youngest sixteen years of age. Had ceased menstruating about ten years previous. She stated to me that upon using the slightest exertion, such as lifting or straining at defœcation, her womb would entirely protrude from the vulva. She had used a variety of abdominal supporters, and had attempted on several occasions to wear pessaries of different kinds, and at that time was wearing constantly a T bandage. Upon examination I found the uterus just within the vulva; and, requesting her to lift a chair, the whole organ was protruded, dragging with it the posterior wall of the bladder; it was perfectly healthy in appearance, though somewhat atrophied. I commenced the treatment with the lint and tannin, interdicting active exercise, and in six weeks ceased making any applications. She gradually resumed her ordinary duties, and is now (some two years since) perfectly recovered, and is considered a very active old lady. She has not had the slightest disposition to a return of the displacement, and enjoys excellent health.

I have here given an example of the three different degrees of prolapsus,—incipient, partial and complete,—illustrating the curability of this treatment in each. I could, if it were desirable, cite many others which have been under my observation, and which have resulted, without a single exception, in a perfect and complete restoration.—*New York Medical Times*, Feb. 1856.

*Abstract of Meteorological Observations for January, 1856, made at Philadelphia, Pa. Latitude 39° 57' 28" N., Longitude 75° 10' 40" W. from Greenwich. By PROF. JAMES A. KIRKPATRICK.*

1856. January.	BAROMETER.		THERMOM.		Rel. Humid. 2 P.M.	Force of Vapor 2 P.M.	Dew Point 2 P.M.	Rain & Melted Snow.	Prevailing Winds.	Remarks.
	Daily Mean	Mean Daily Range.	Daily Mean	Mean Daily Range						
	Inches.	Inches.	Deg.	Deg.	Hunds.	Inches.	Deg.	Inches.	Points.	
1	30.148	.102	25.7	3.8	67	.112	20.8	0.884	NW.	M. and ev. clear; aft. cl'dy.
2	30.165	.155	28.0	2.3	79	.143	26.4		NE.	Cl'y; ev. sleet, changing at 9½ P. M. to rain.
3	29.782	.383	35.7	7.7	90	.205	35.1	0.533	NW.	M. & aft. cl'dy; m. rain, 10 A. M. to 12 fog, ev. clear.
4	30.328	.546	21.0	14.7	50	.067	9.6		(Var.)	Cl'r; Bar. highest 30.381 in.
5	29.977	.351	18.2	4.8	100	.096	17.4	1.410	NE.	Cl'y; 1½ P. M. snow; stopped during the night, about
6	29.927	.288	23.3	6.8	71	.112	20.8		W.	Clear [18 inches deep.
7	29.971	.151	19.0	6.0	75	.100	18.3	0.018	WNW.	Cloudy; m. fog.
8	29.812	.171	18.7	11.0	49	.089	15.8		(Var.)	Cloudy; m. fog.
9	30.034	.223	-1.0	19.7	72	.034	-5.3	0.006	WNW.	Clear; Thermom. lowest 5°
10	30.100	.066	6.7	7.7	61	.046	1.3		W.	Clear. [below zero.
11	30.253	.153	18.3	11.7	62	.083	14.3	0.238	W.	Clear.
12	30.066	.190	24.0	6.3	87	.112	20.8		NE.	Cl'y; 5 P. M. snow till 10 P. M., then heavy rain with high wind.
13	29.309	.757	34.5	10.5	79	.162	29.3	0.195	(Var.)	Cl'y, rain till 8 A. M., 1 P. M. snow for half an hour.
14	29.624	.315	31.0	3.5	61	.120	22.4		W.	Bar. lowest 29.266 in.
15	29.694	.069	27.5	3.5	66	.106	19.6	0.084	WNW.	M. cl'r; aft. & ev. cl'y, light snow from 3 to 4 P. M.
16	29.631	.065	30.3	4.0	72	.146	26.9		(Var.)	M. clear, aft. and ev. cl'dy.
17	29.577	.122	30.3	1.3	70	.132	24.6	0.238	W.	d. & aft. cl'y, ev. cl'r, snow during night.
18	29.723	.147	33.5	4.5	64	.152	27.8		W.	M. aft. & cl'dy, ev. clear.
19	29.70	.055	33.0	2.5	58	.155	28.3	0.195	NW.	Clear.
20	29.671	.077	17.3	11.7	84	.083	14.3		NE.	Cloudy. Ther. highest 47°
21	29.685	.038	18.7	2.0	57	.064	8.6	0.238	NW.	Cl'y, snow 9 A. M. to 2 P. M.
22	29.827	.142	21.0	3.0	62	.083	14.3		W.	M. & aft. cl'y, light snow at
23	29.903	.076	25.3	4.3	77	.144	23.2	0.195	W.	Clear. [7½ A. M., ev. clear.
24	29.921	.045	25.3	2.7	57	.095	17.2		(Var.)	Aft. cl'dy, m. & ev. clear.
25	30.209	.298	15.7	9.7	68	.067	9.6	0.084	WNW.	M. & aft. clear, ev. cloudy.
26	30.269	.149	19.5	8.5	62	.083	14.3		WNW.	M. cl'y, aft. & ev. clear.
27	29.782	.487	23.8	5.3	93	.118	22.0	0.084	NE.	Clear.
28	29.517	.317	29.2	6.2	79	.133	25.2		(Var.)	Cloudy; m. & aft. snow.
29	29.767	.250	32.0	2.8	76	.163	29.5	0.084	W.	Cl'y; m. & aft. snow about
30	29.725	.084	24.7	7.3	48	.083	14.3		W.	Cl'dy. [5 in. in the 2 days.
31	29.878	.152	21.0	5.7	63	.086	15.1	0.084	[Var.]	Clear. [ped during night.
Means for Jan., 5 yrs.	29.870	.207	23.6	6.5	70	.103	18.8	3.368	N. 55° 50' W. 73-100.	
	29.941	.206	23.3	6.6	74	.150	27.1	2.428	N. 56° 7' W 55-100.	

The Monthly Range of the Mercury in the Barometer was 1.115 inches, and in the Thermometer 47°.

CORRECTIONS.—In the General Abstract for 1855, on page 128, the Mean Dew Point for April should have been printed 41.05 instead of 40.45. Also the Resultant of the Winds for October, instead of N. should be S. 88½° W. 699; and the Mean Daily Range of the Barometer for the Spring Months, instead of .108 should be .145. In the column of Remarks, the lowest degree indicated by the Thermometer is printed 1° instead of -1°, or 1 degree below zero.